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(12) **United States Patent**
Durgin et al.

(10) **Patent No.:** **US 6,986,767 B2**
(45) **Date of Patent:** **Jan. 17, 2006**

- (54) **MULTI-FUNCTION SURGICAL INSTRUMENT**
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- (*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 191 days.

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- (21) Appl. No.: **10/457,435**
- (22) Filed: **Jun. 10, 2003**

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- (65) **Prior Publication Data**
US 2003/0212389 A1 Nov. 13, 2003

Related U.S. Application Data

- (60) Continuation of application No. 09/784,118, filed on Feb. 22, 2001, now Pat. No. 6,610,056, which is a division of application No. 09/178,570, filed on Oct. 26, 1998, now Pat. No. 6,221,039.

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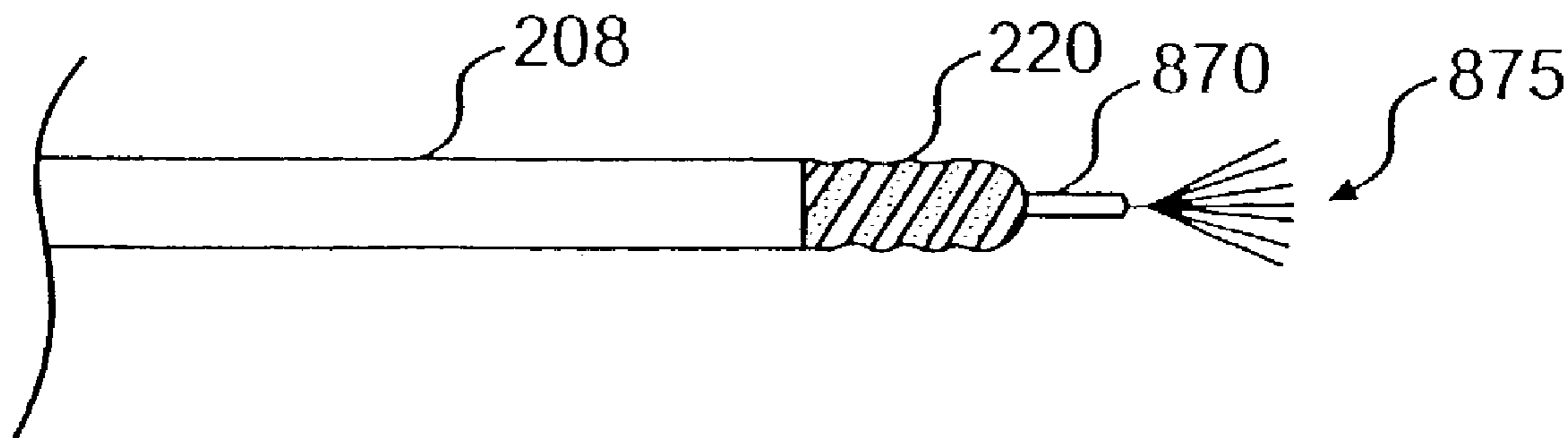
(57) **ABSTRACT**

- (51) **Int. Cl.**
A61B 18/18 (2006.01)
- (52) **U.S. Cl.** **606/21**; 606/48; 607/104
- (58) **Field of Classification Search** 606/21–26, 606/41, 48–50; 607/101–105; 604/22
See application file for complete search history.

A multi-function surgical instrument is disclosed. In accordance with an embodiment of the present invention, the surgical instrument includes a catheter, a bipolar hemostat assembly, an attachment member, and a surgical tool. The bipolar hemostat assembly includes an electrical connector at a proximal end, a bipolar electrode assembly at a distal end, and first and second electrical leads extending from the proximal end to the distal end and disposed within the catheter. The bipolar electrode assembly includes an aperture that extends axially therethrough. The attachment member is disposed within the catheter and has a proximal end and a distal end where the distal end is movable within the aperture of the bipolar electrode assembly between a first position wherein the distal end is extended from the bipolar electrode assembly and a second position wherein the distal end is retracted within the bipolar electrode assembly. The surgical tool is attached to the distal end of the attachment member.

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3 Claims, 15 Drawing Sheets



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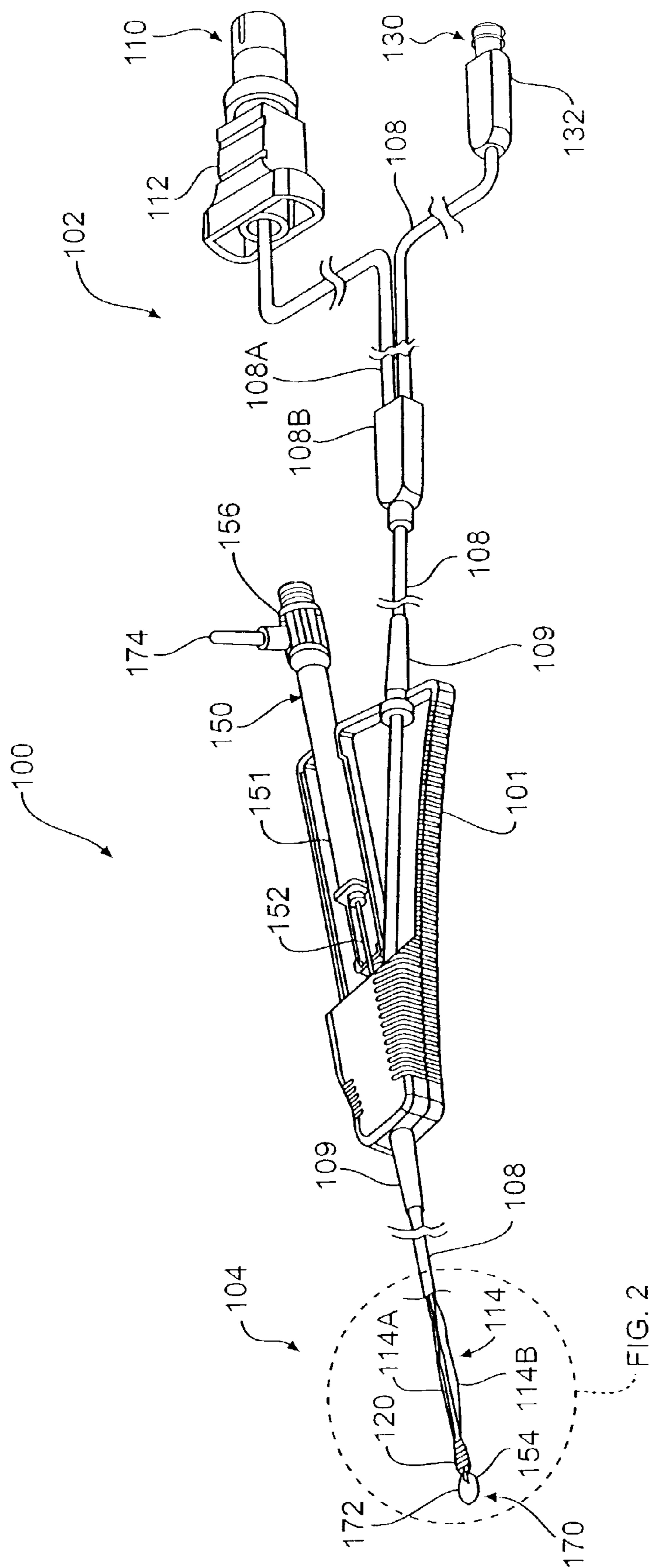


FIG. 1

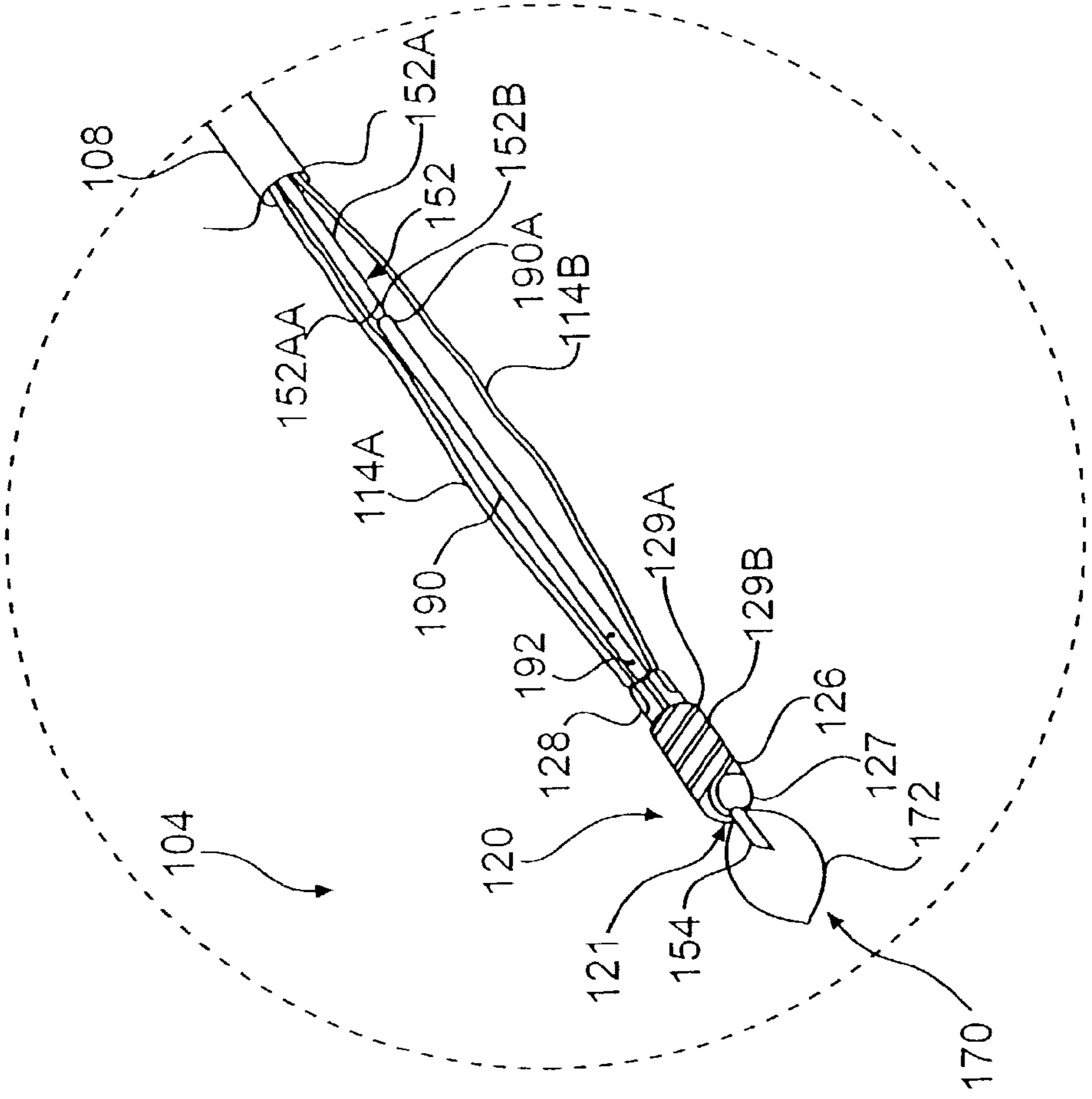


FIG. 2

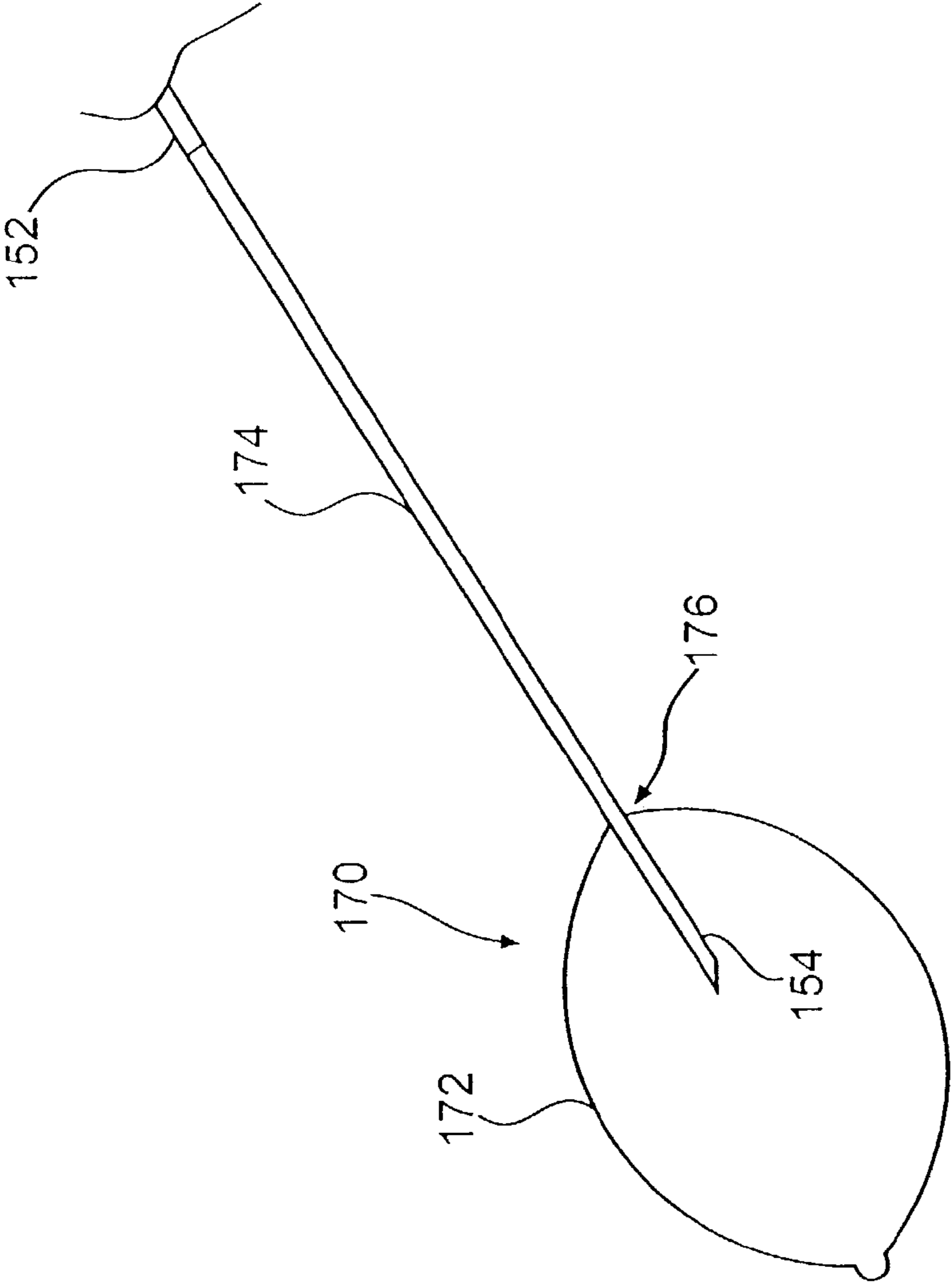


FIG. 3

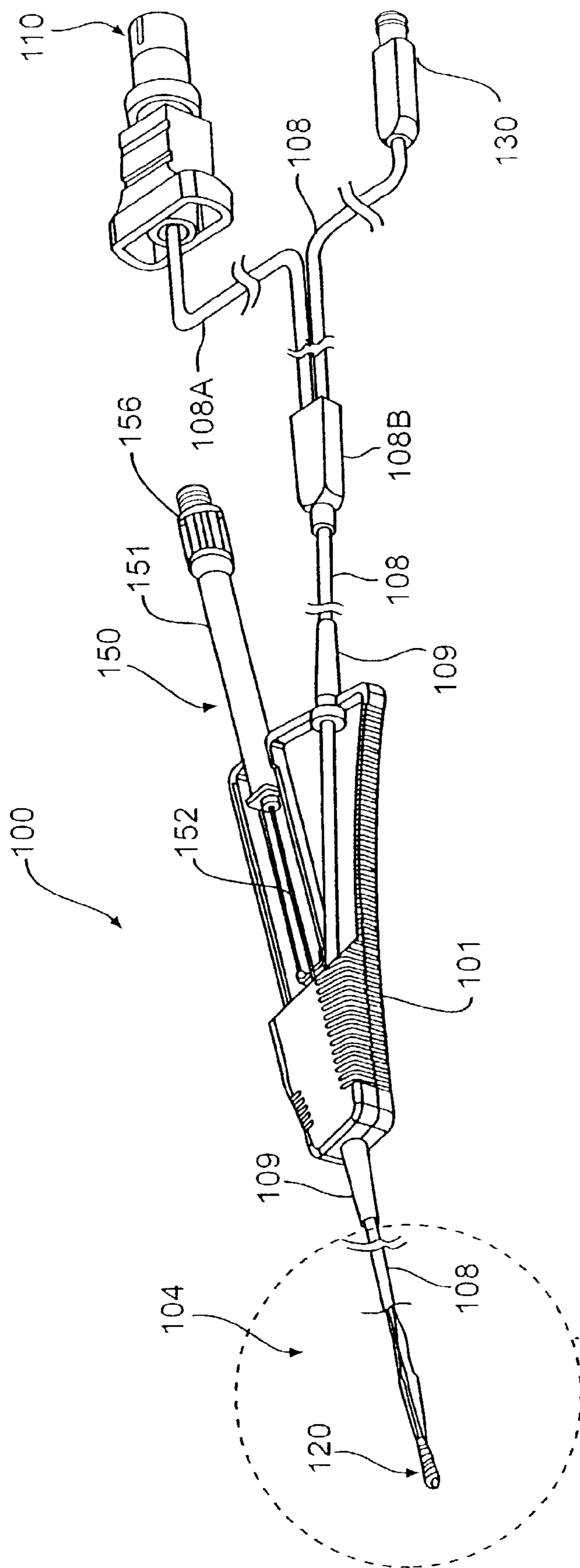


FIG. 4

FIG. 5

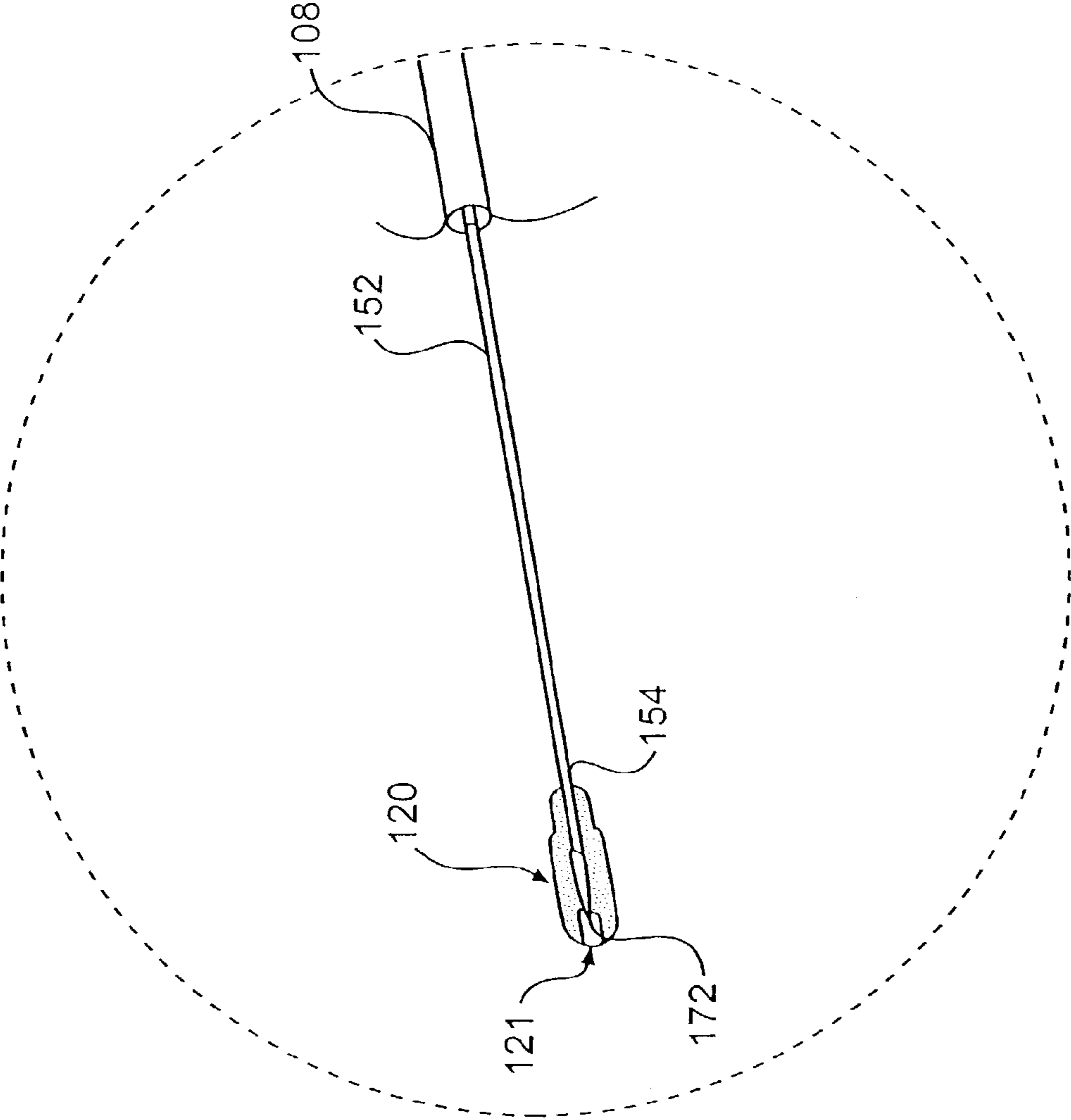


FIG. 5

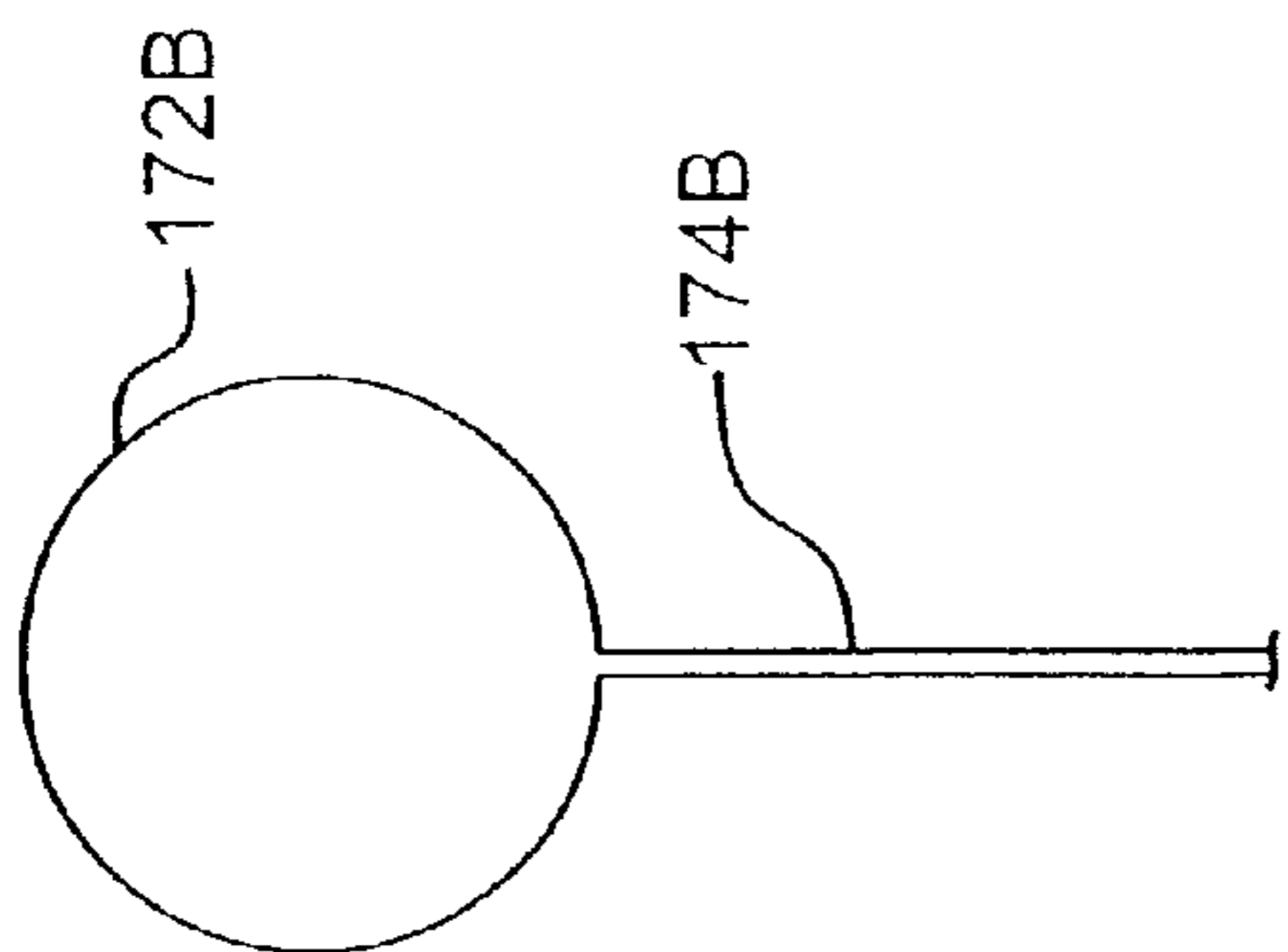


FIG. 7

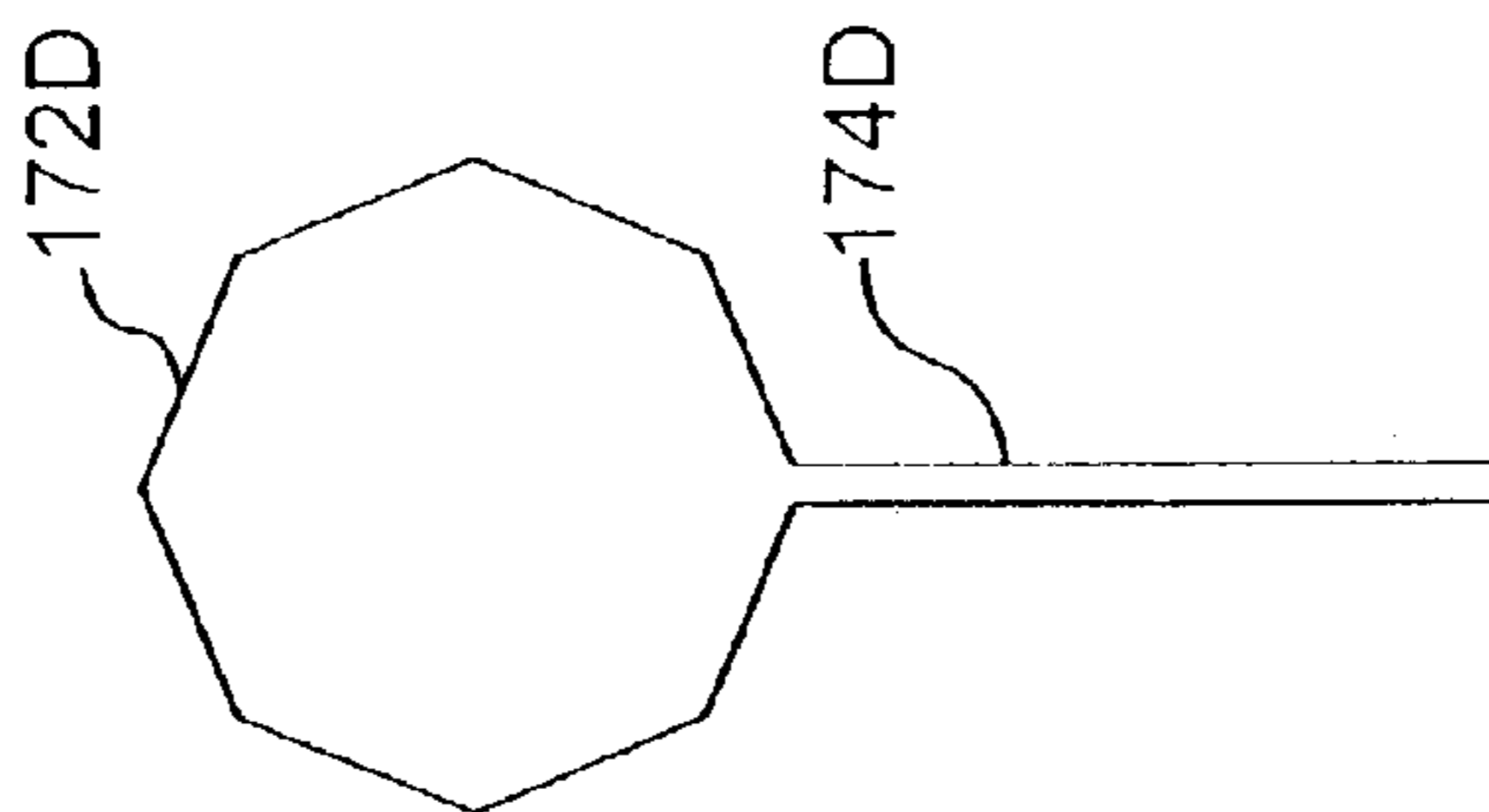


FIG. 9

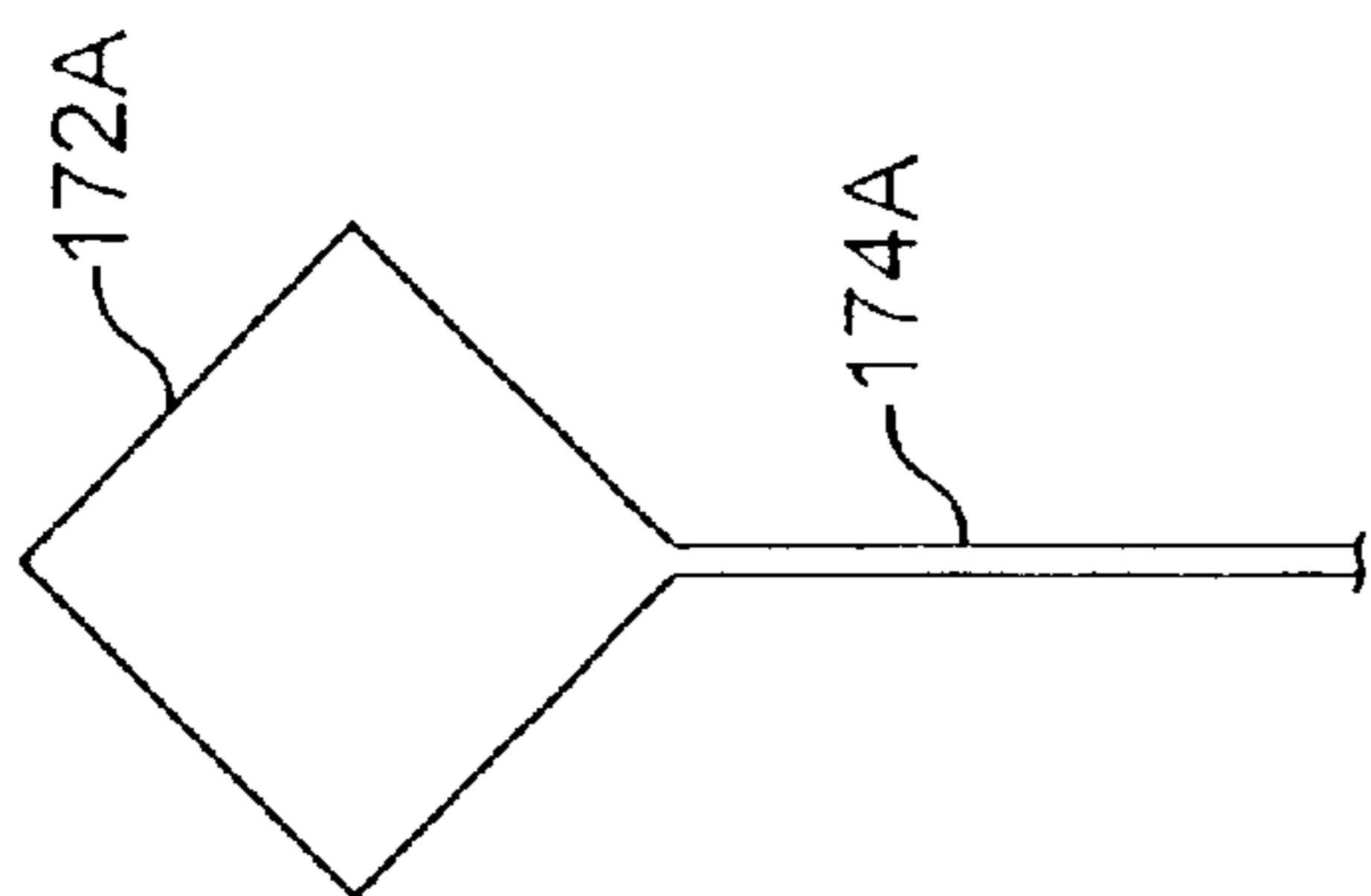


FIG. 6

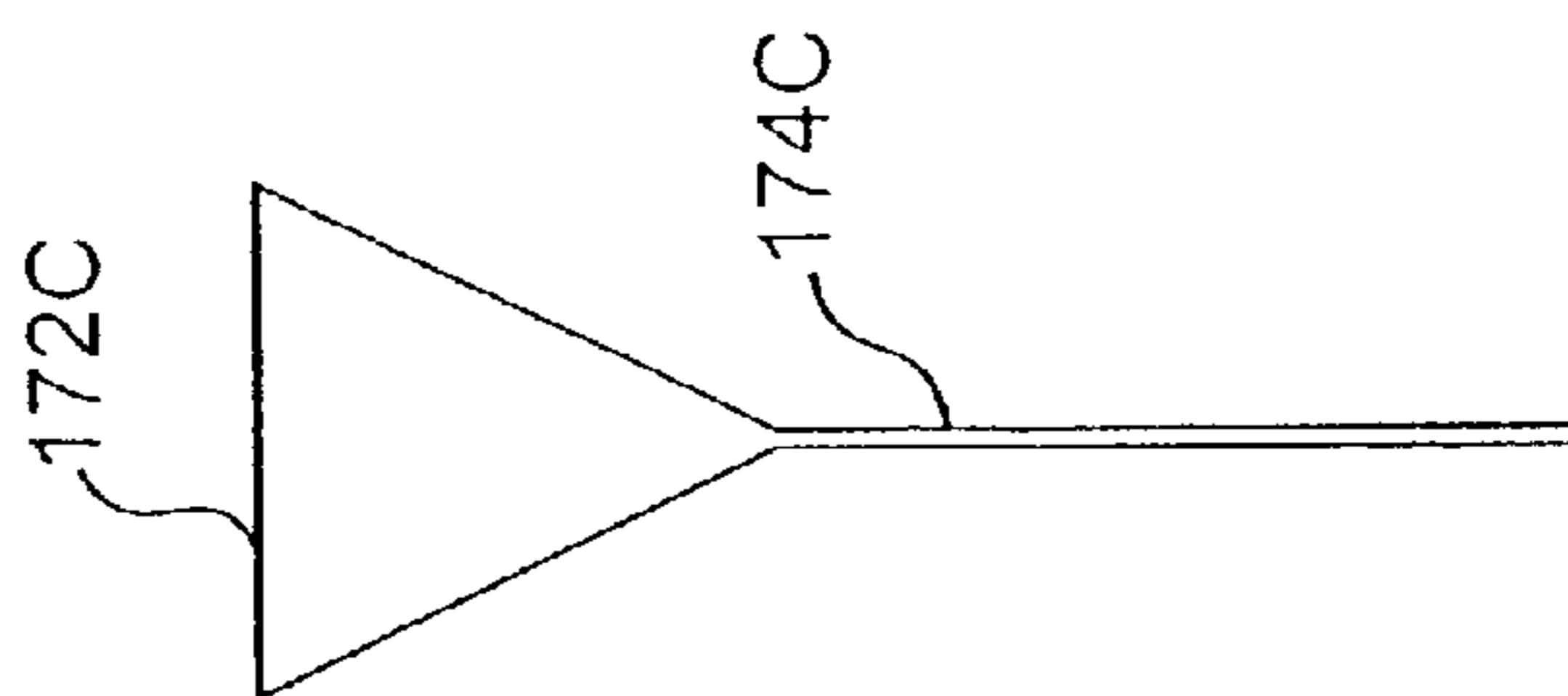


FIG. 8

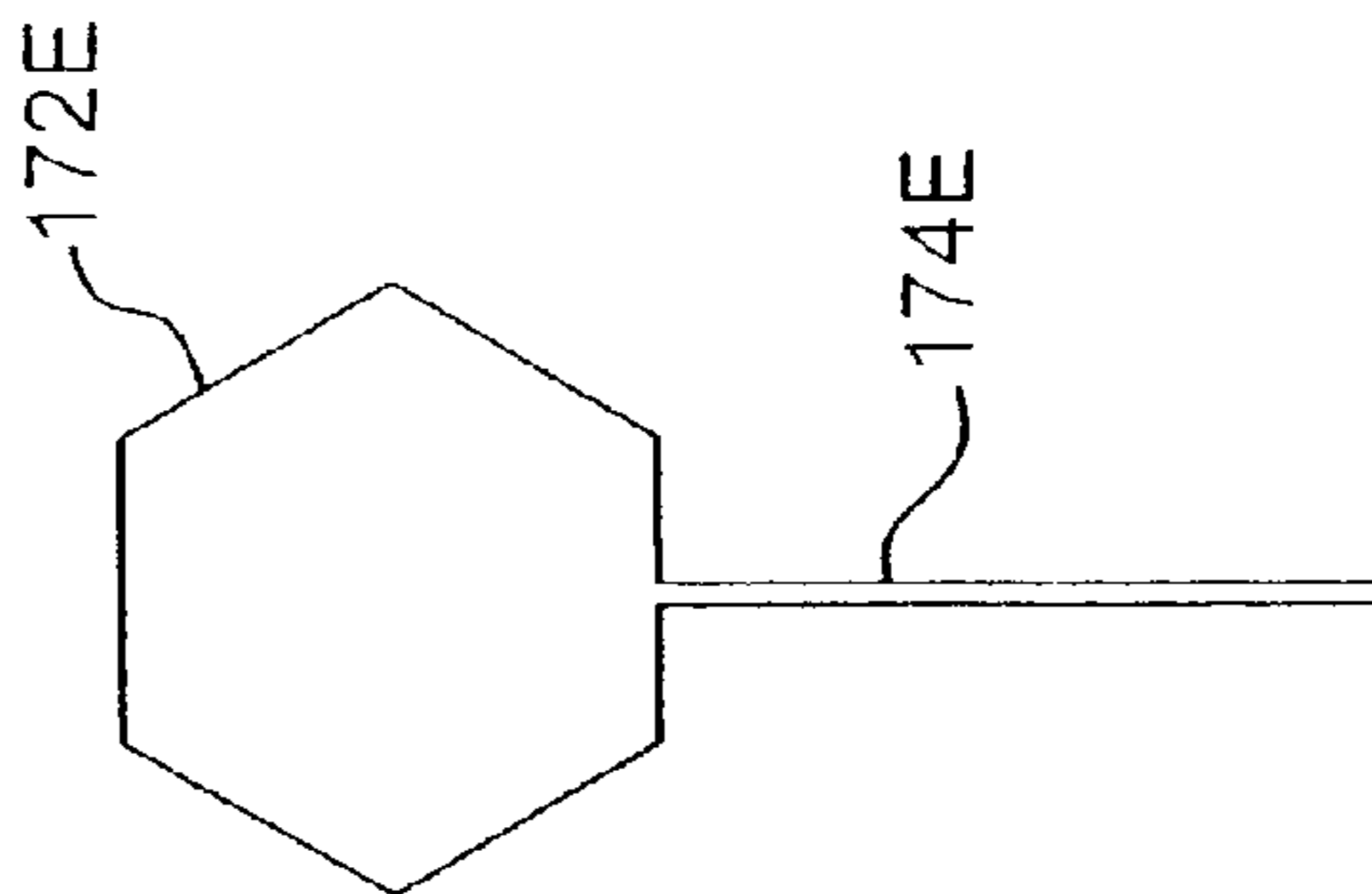


FIG. 10

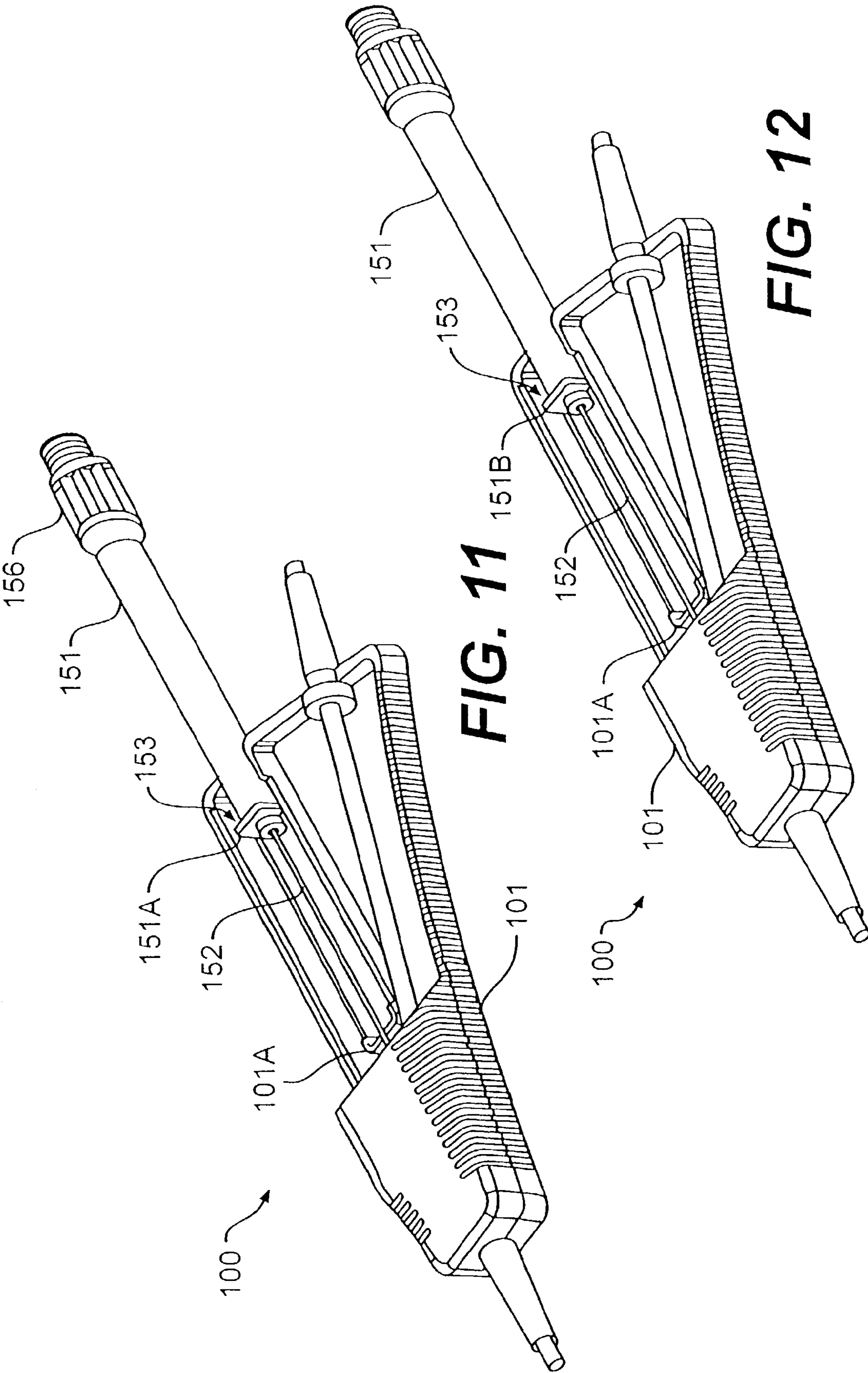


FIG. 11

FIG. 12

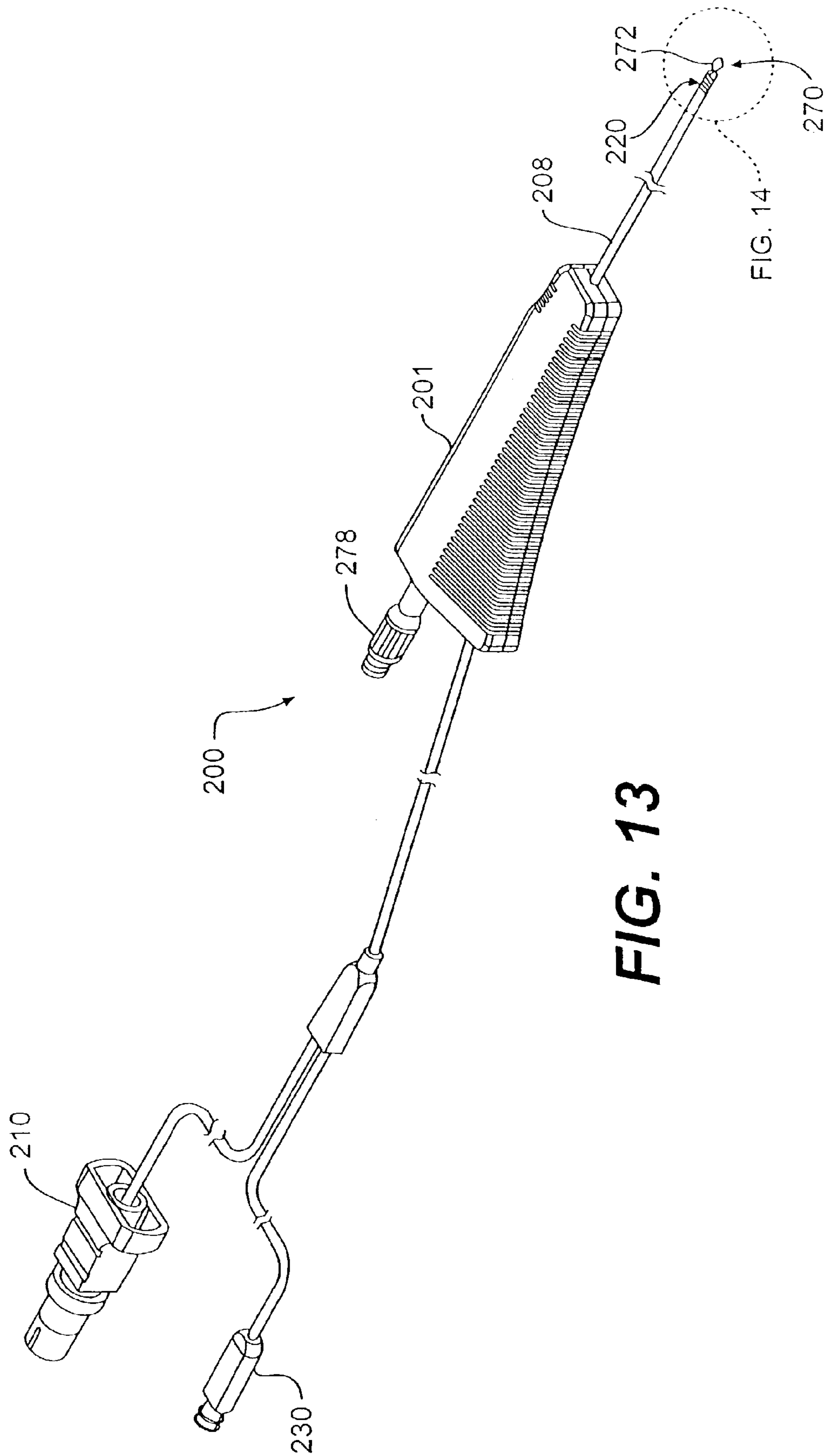


FIG. 13

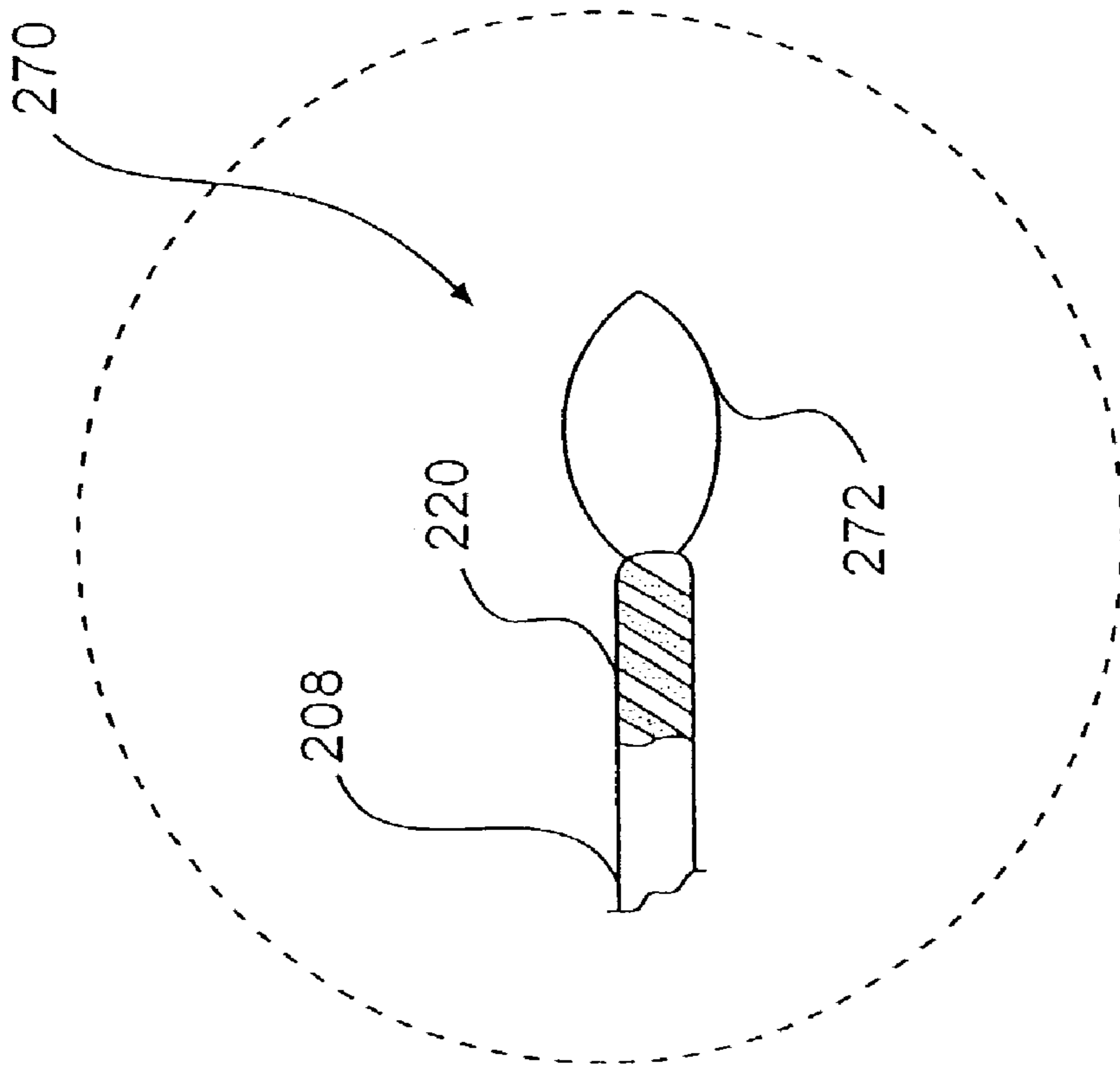


FIG. 14

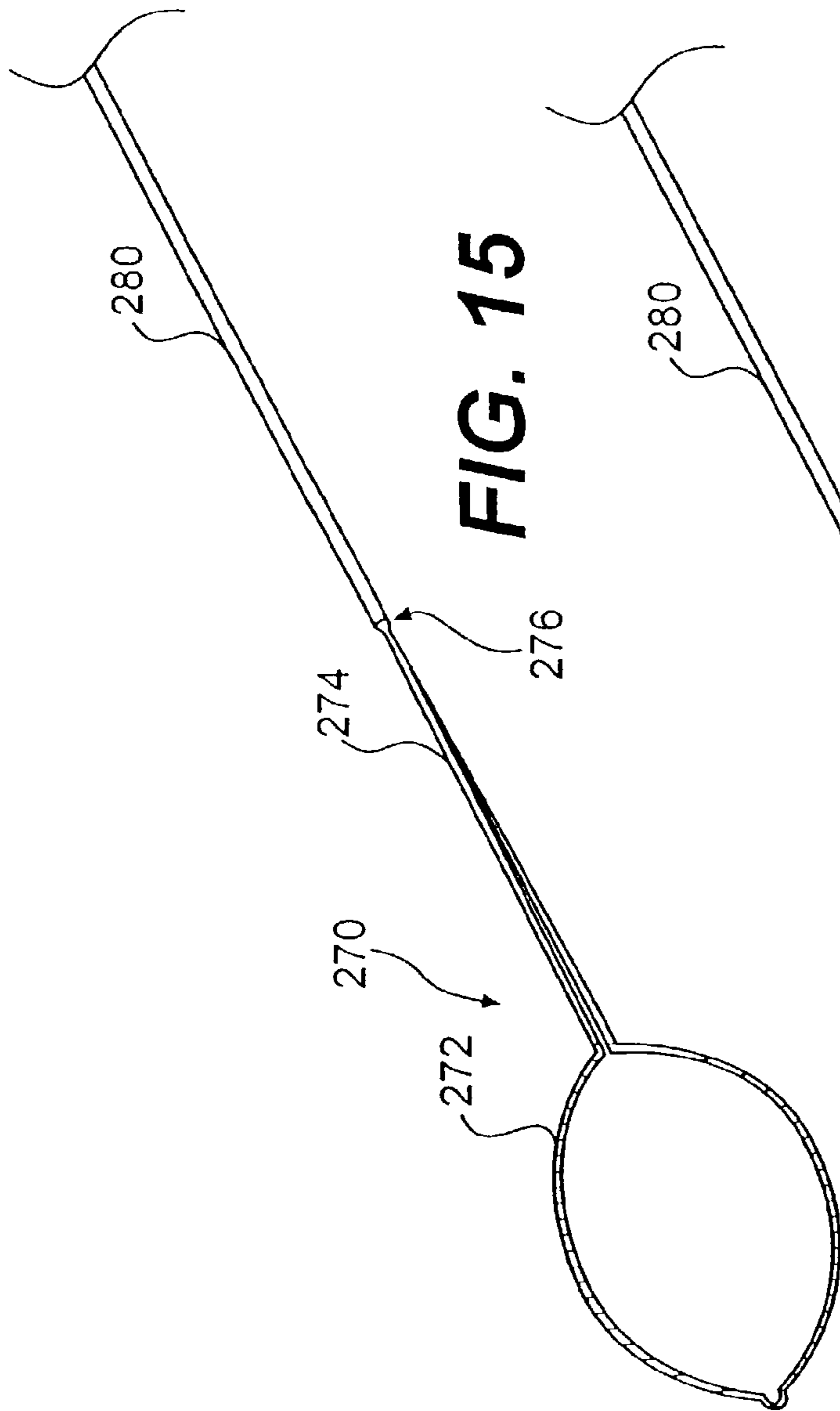


FIG. 15

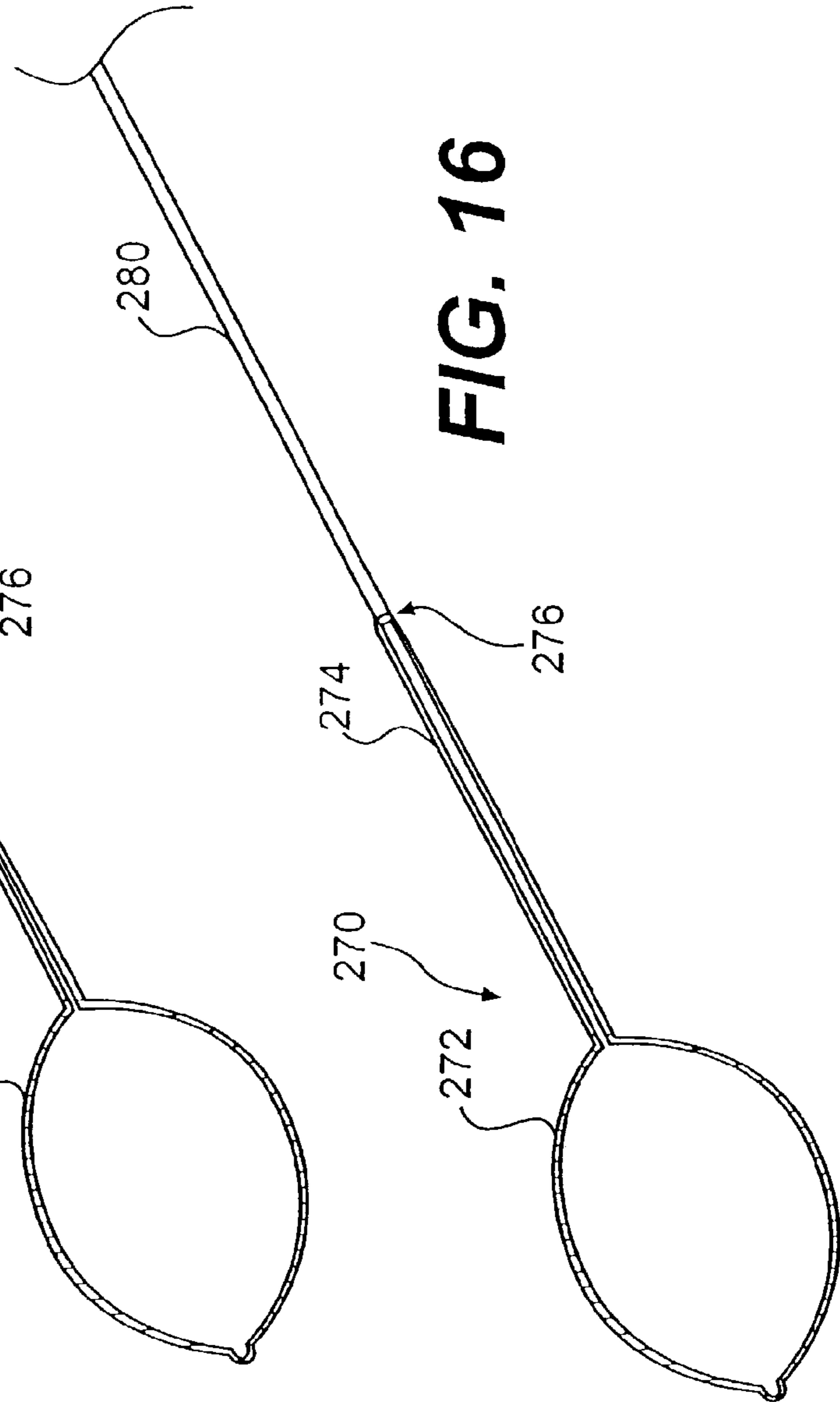


FIG. 16

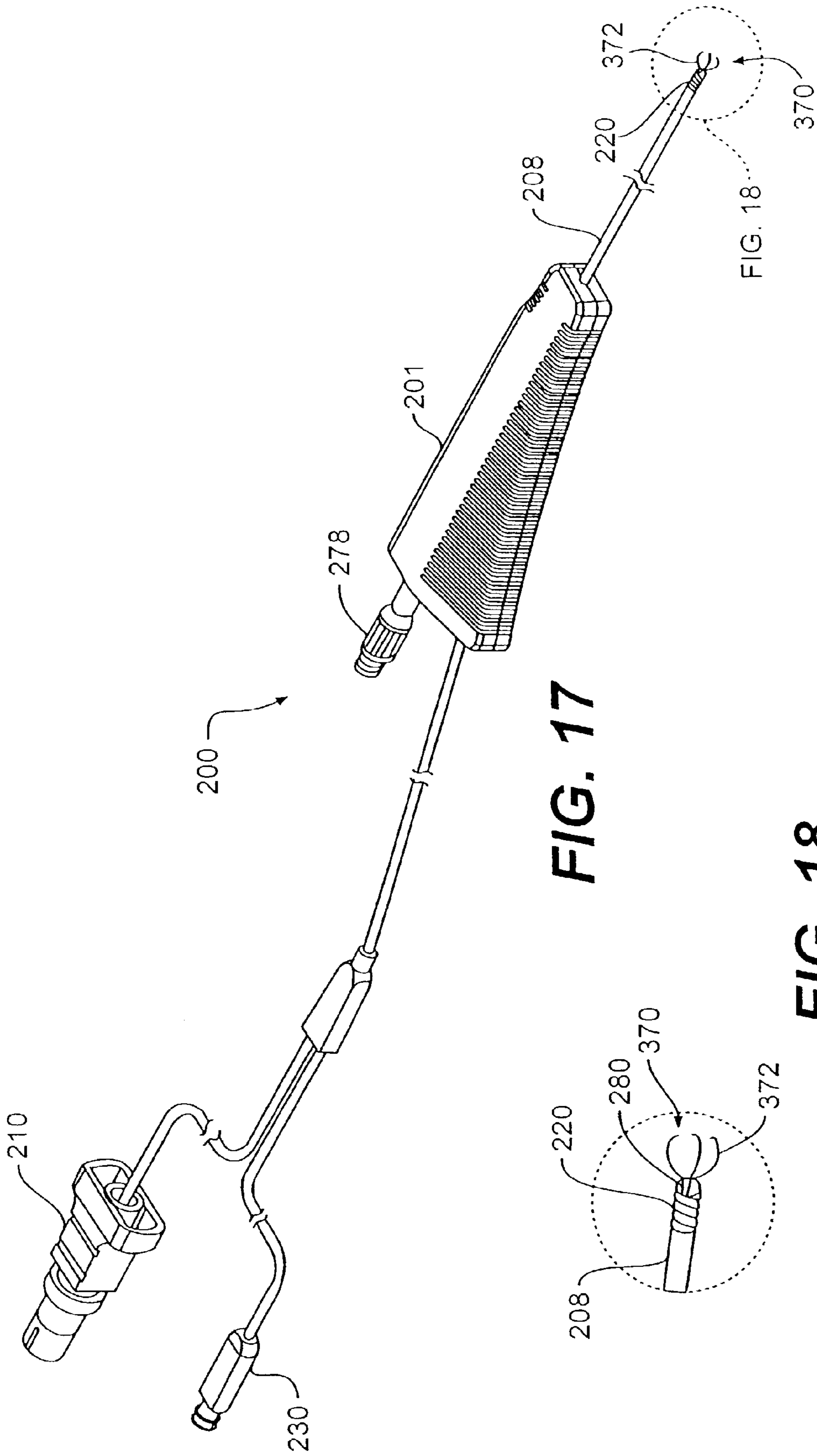


FIG. 17

FIG. 18

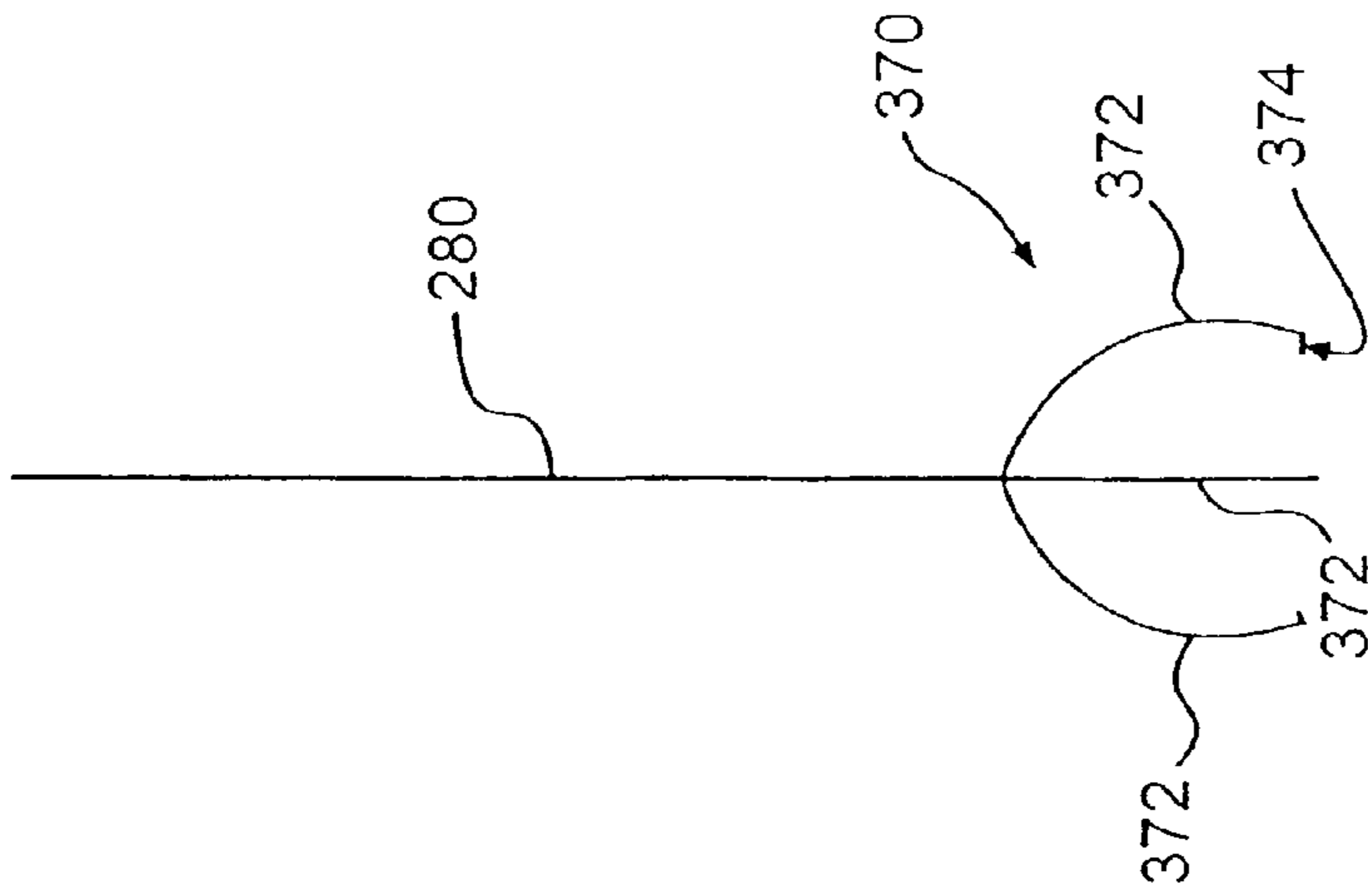


FIG. 19

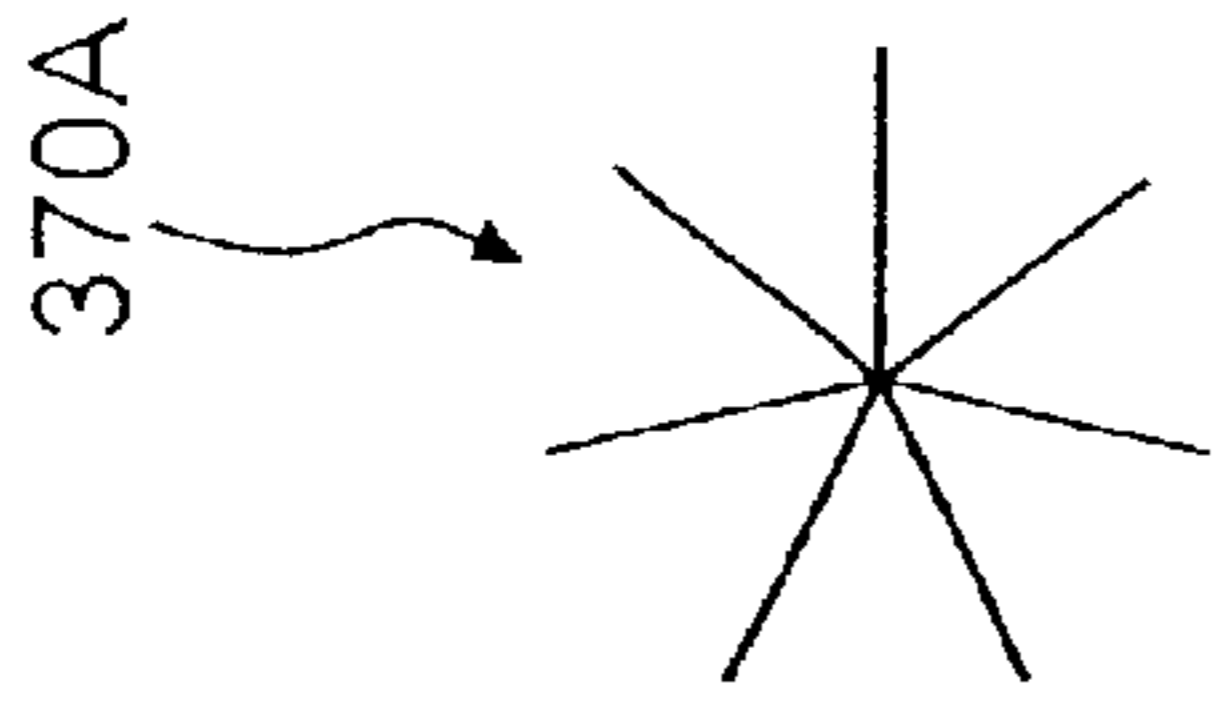


FIG. 20

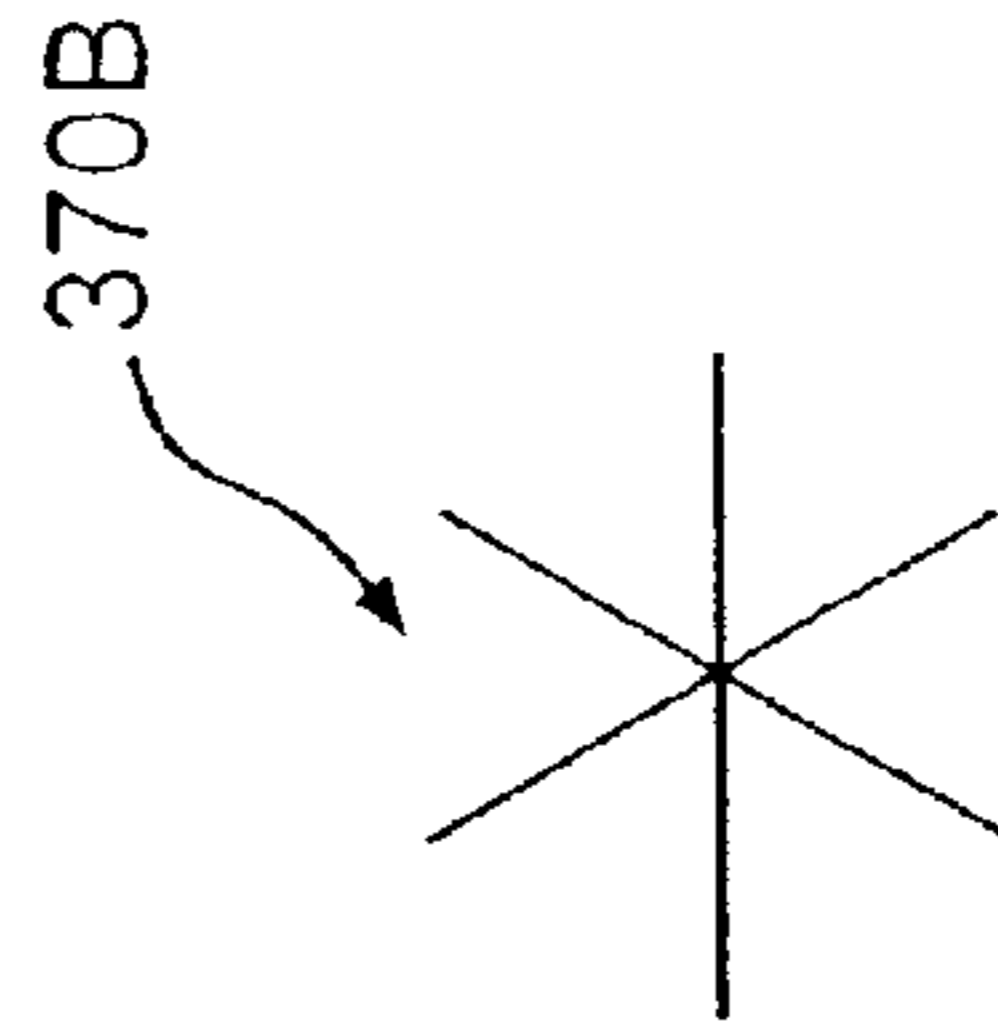


FIG. 21

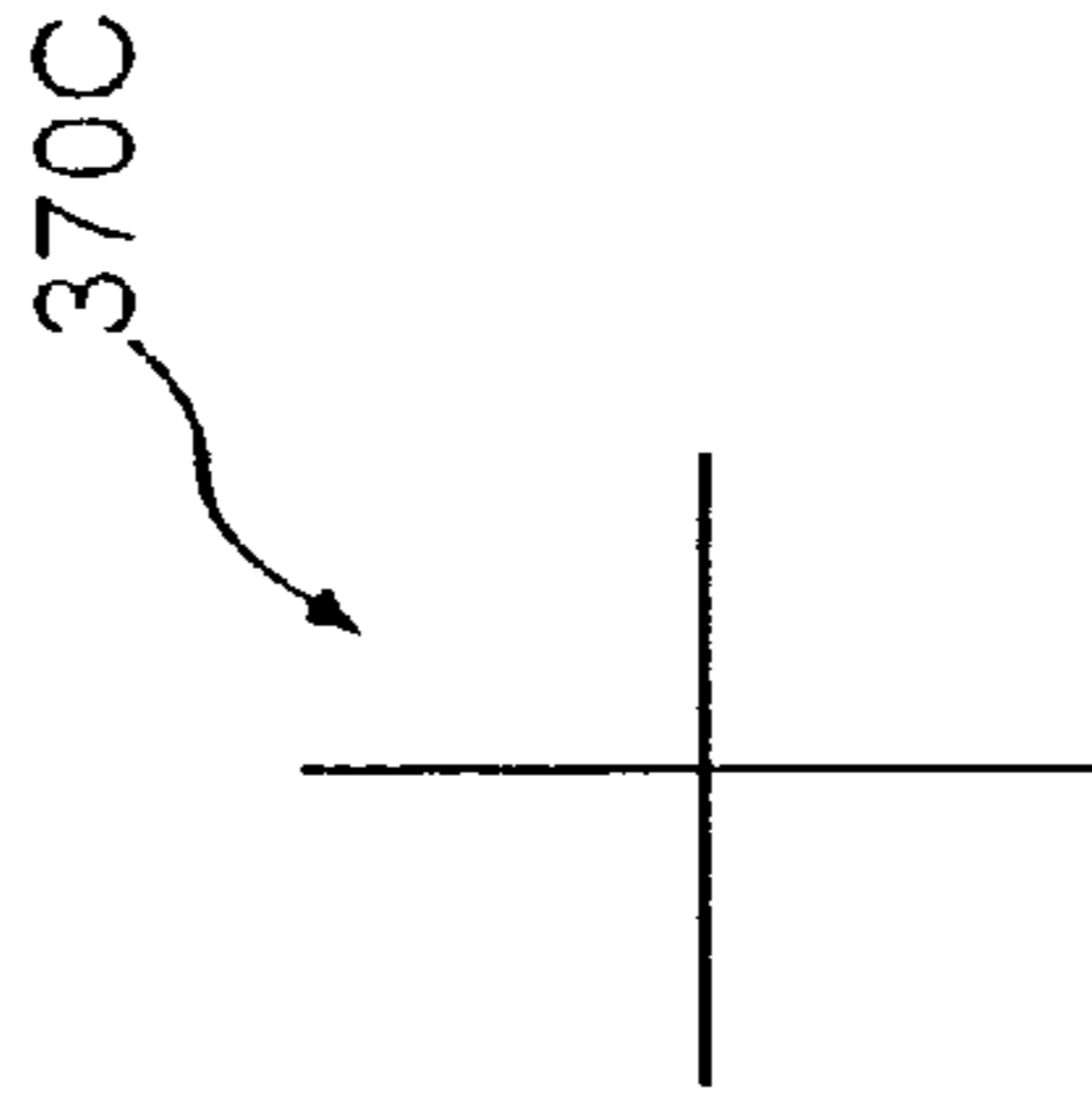


FIG. 22

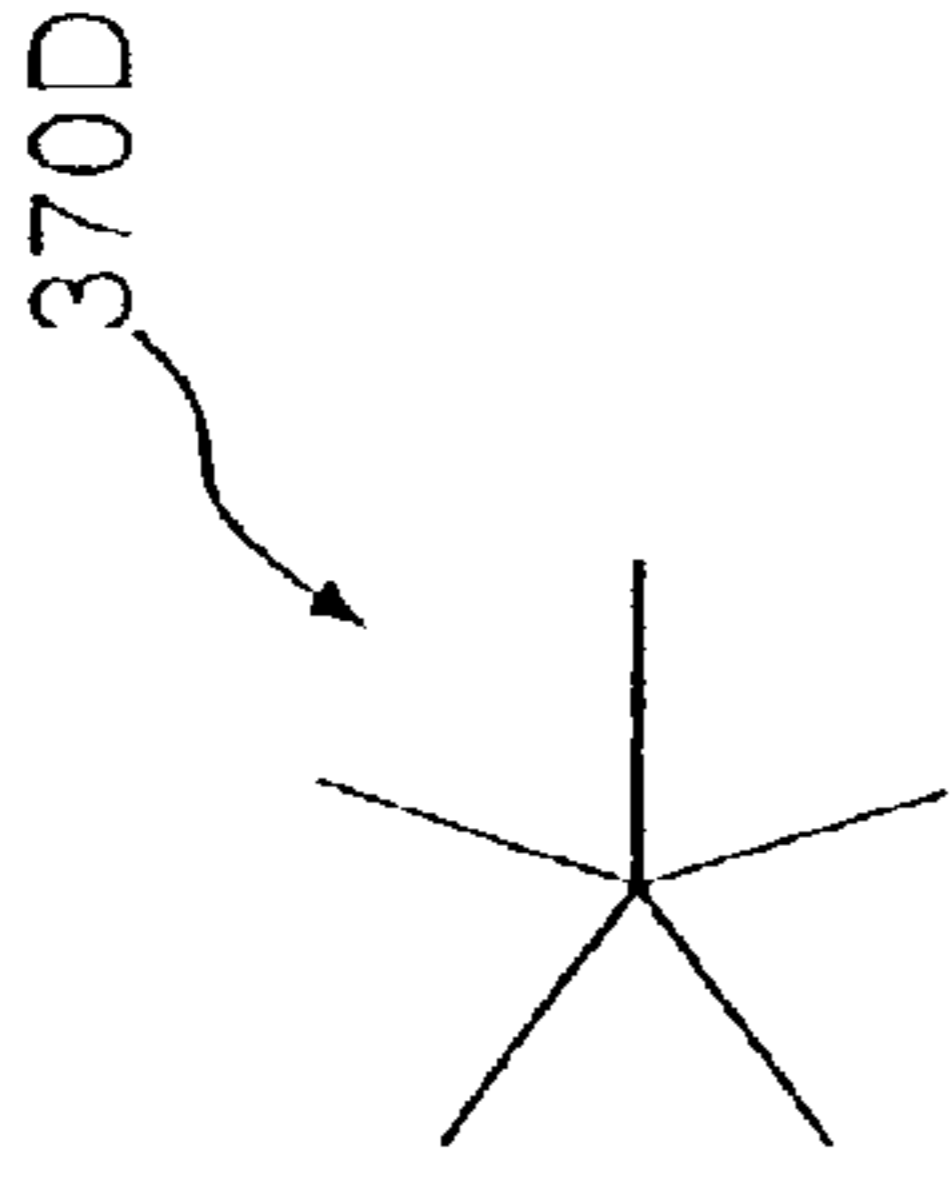


FIG. 23

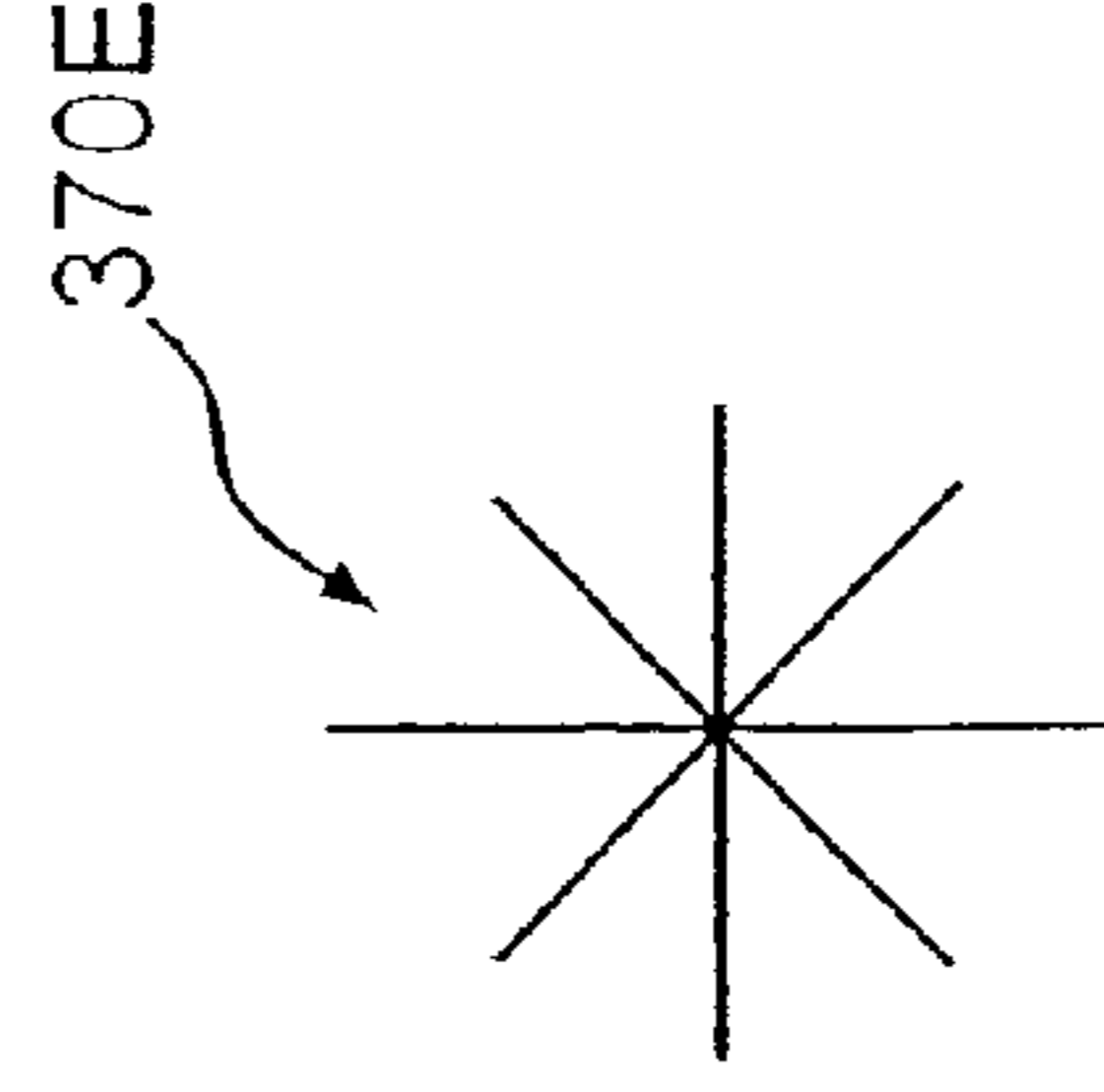
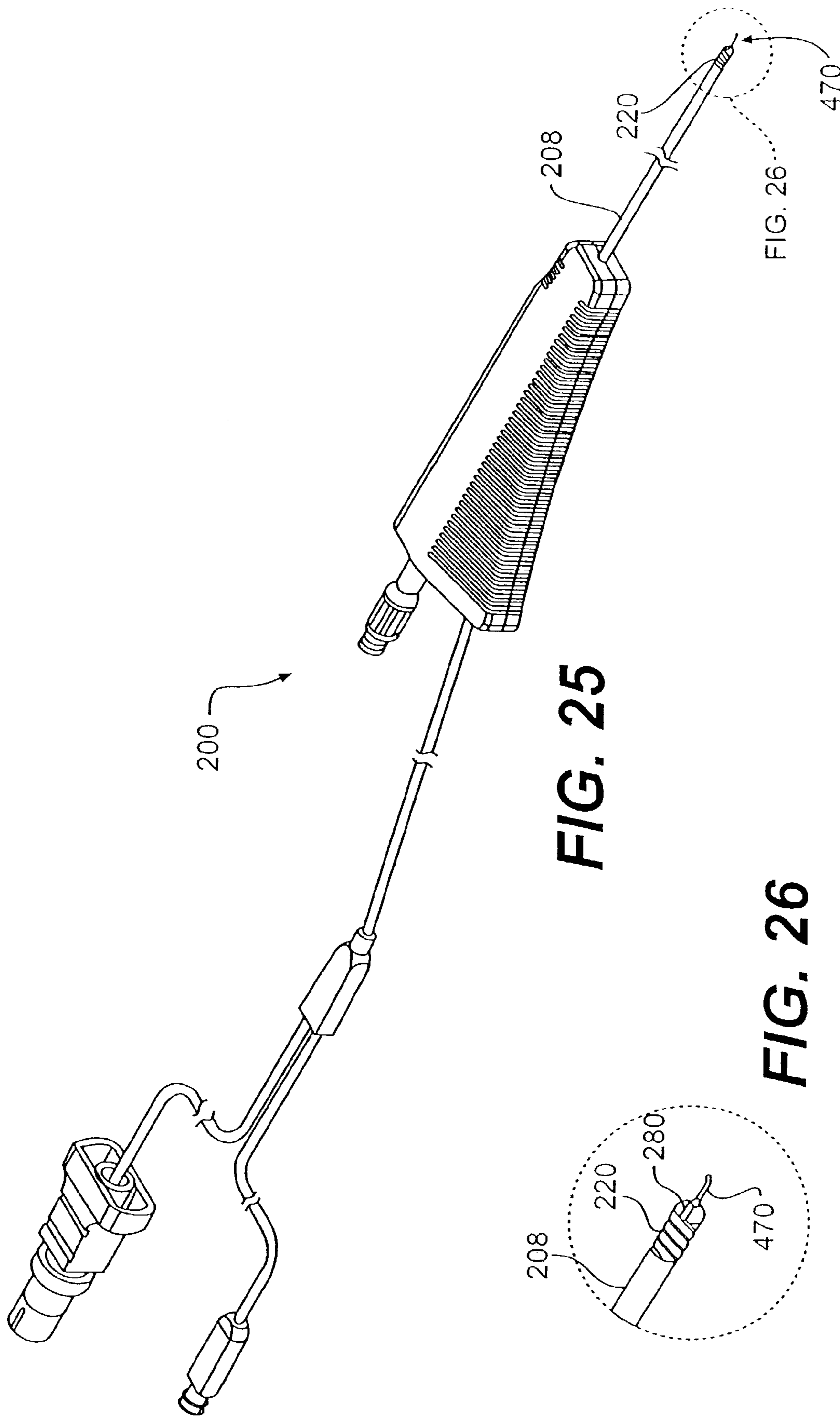


FIG. 24



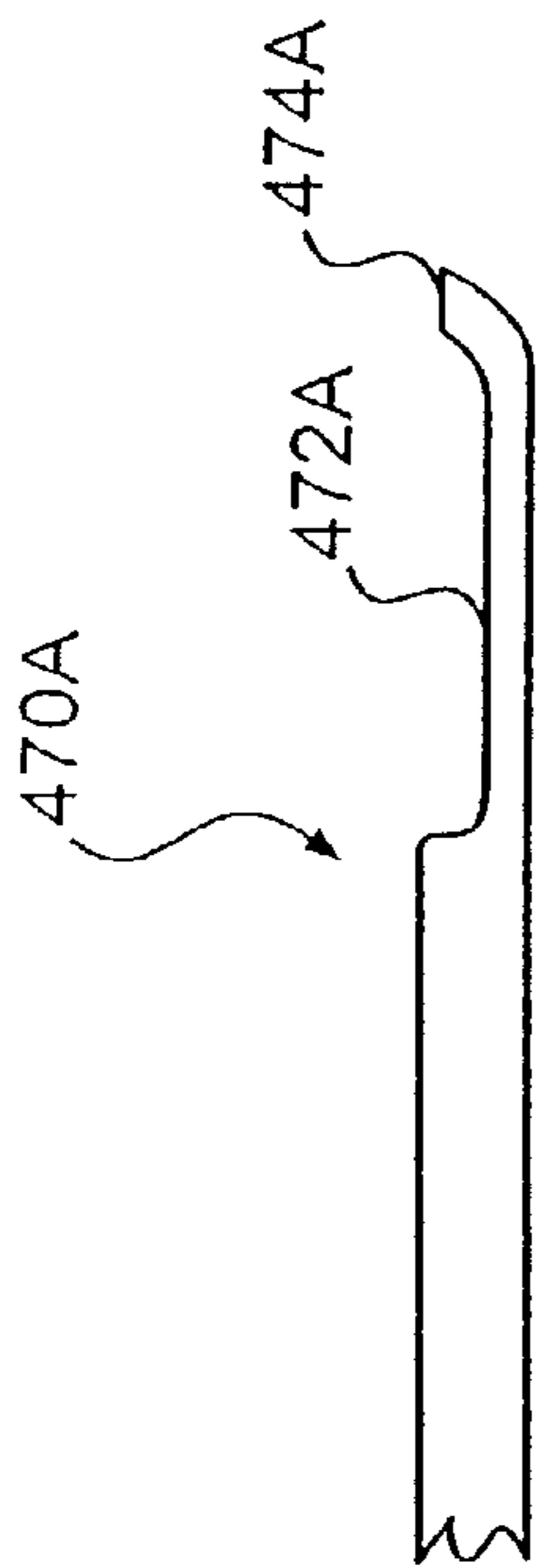


FIG. 27

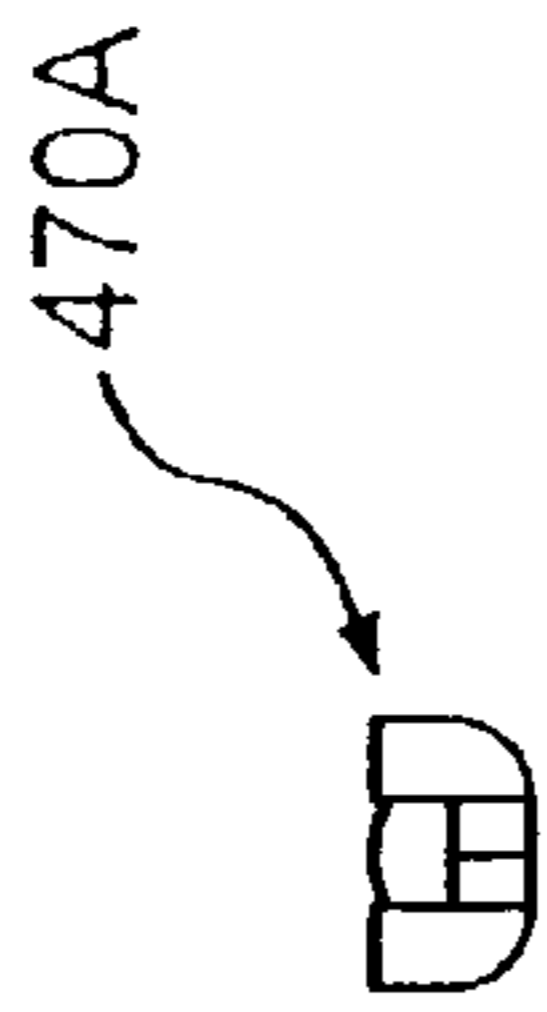


FIG. 28

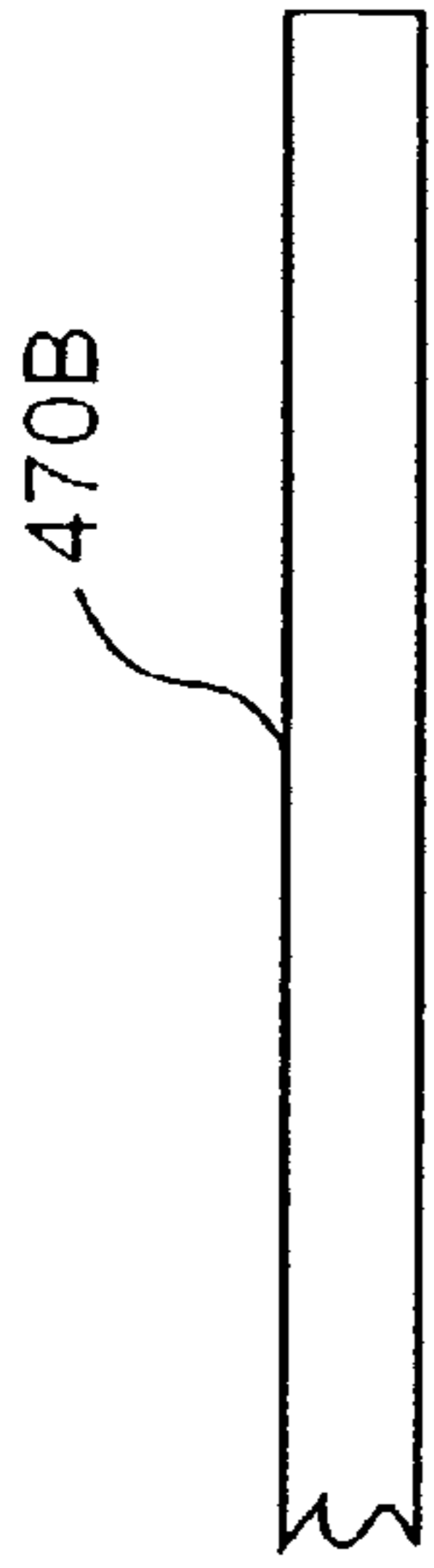


FIG. 29

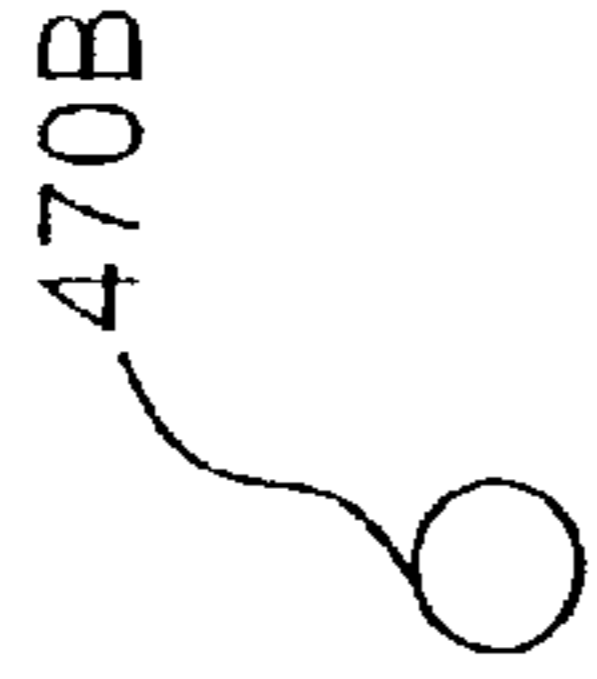


FIG. 30

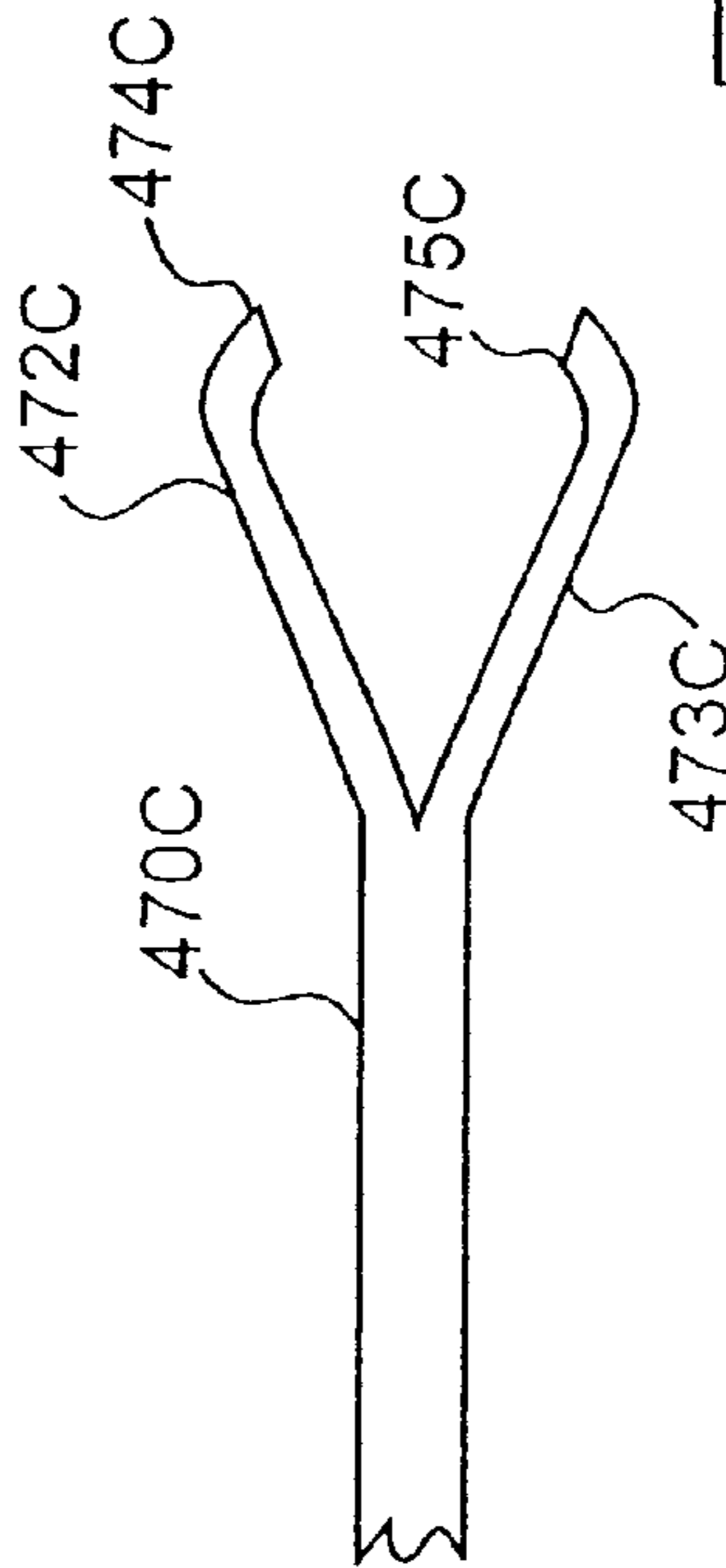


FIG. 31

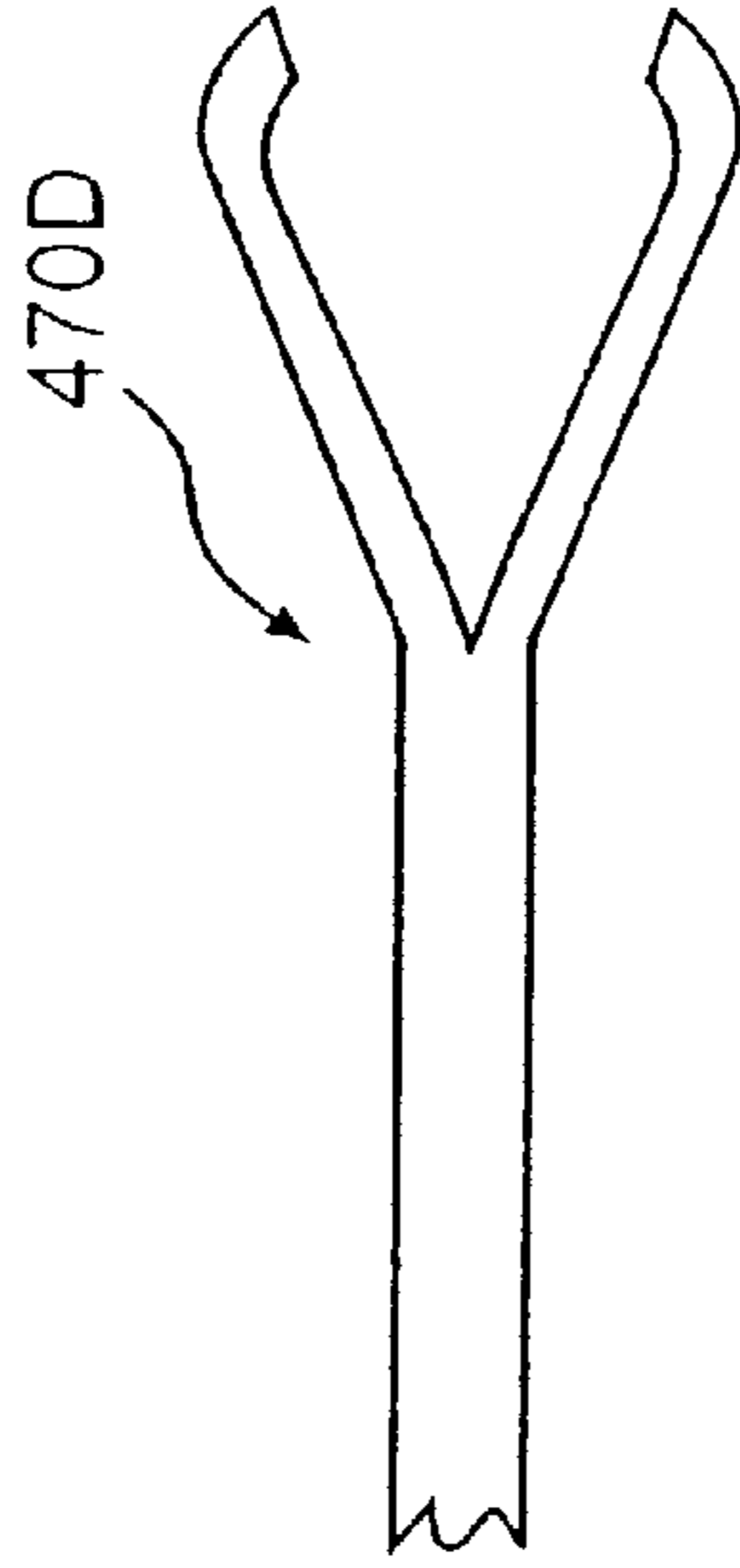


FIG. 33

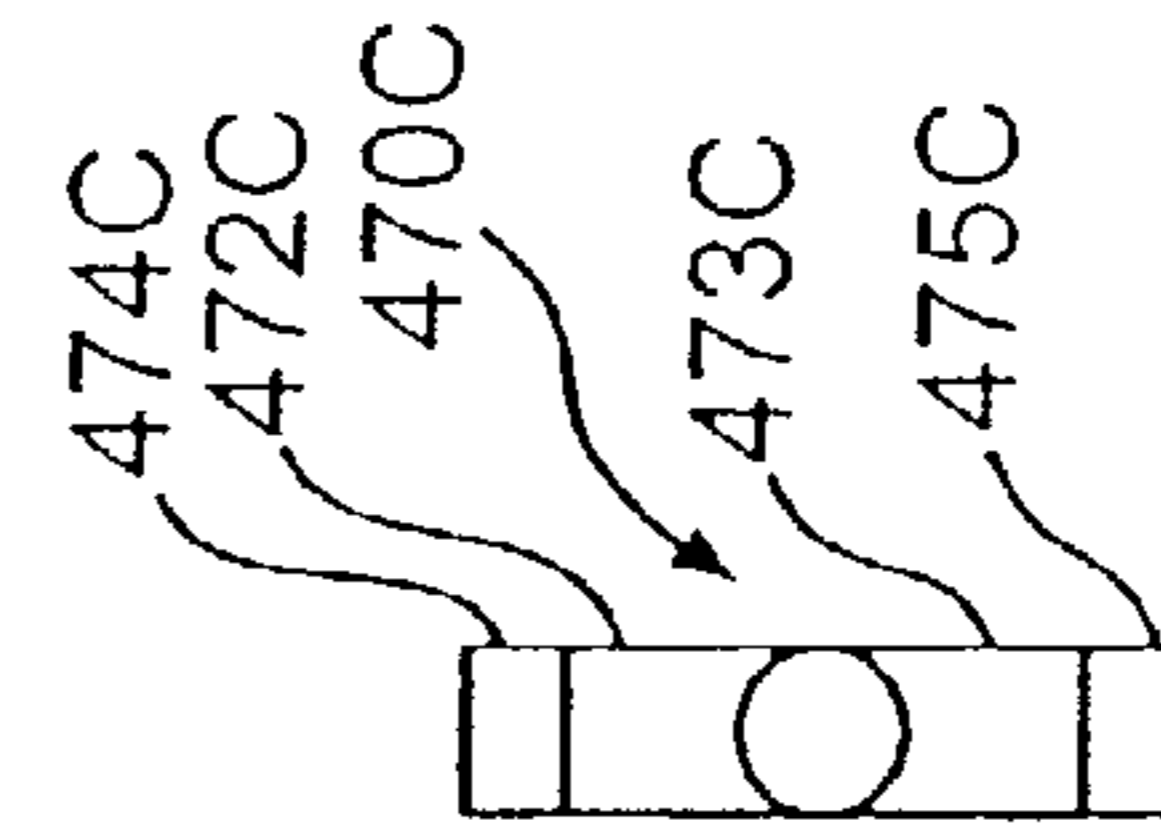


FIG. 32

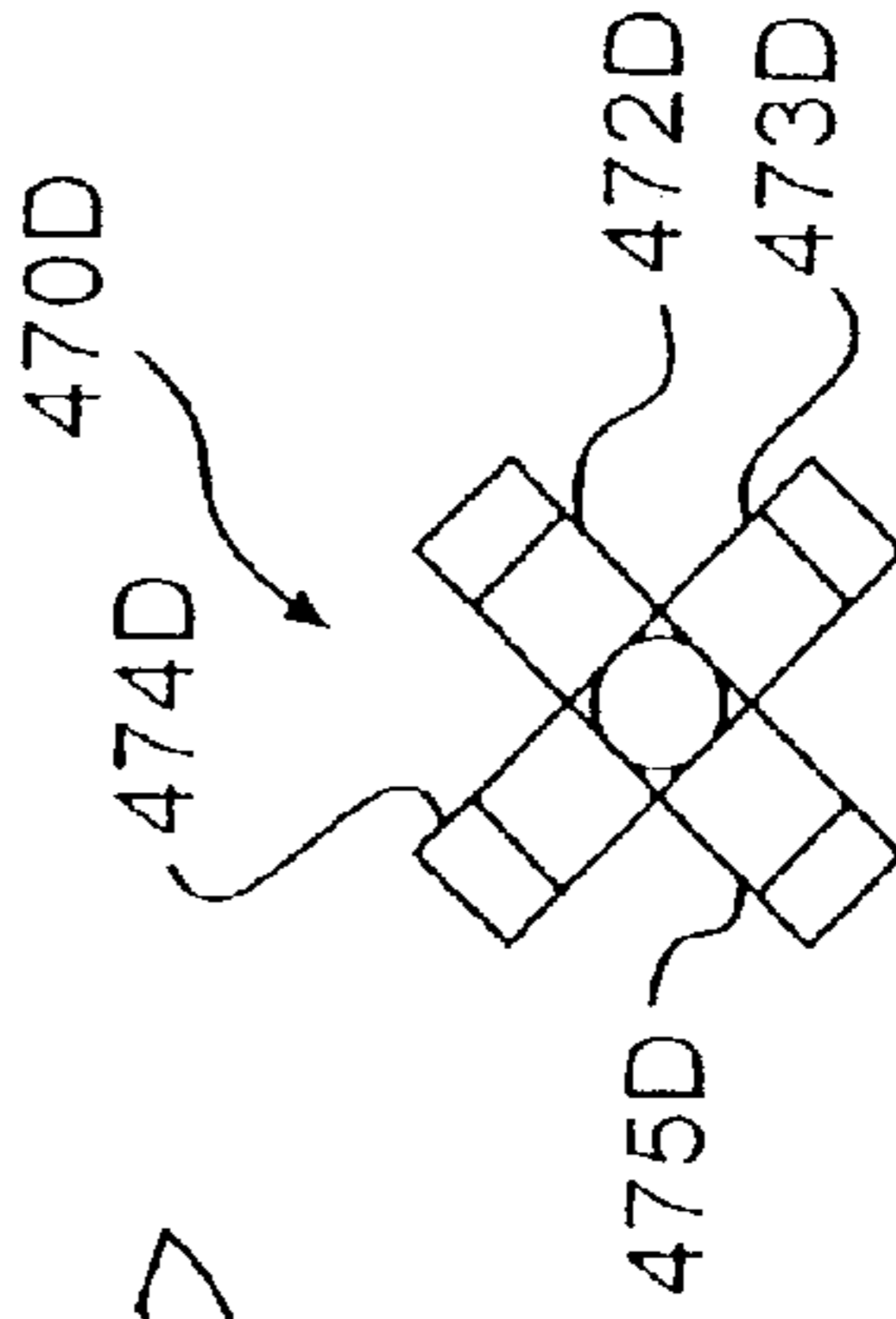


FIG. 34

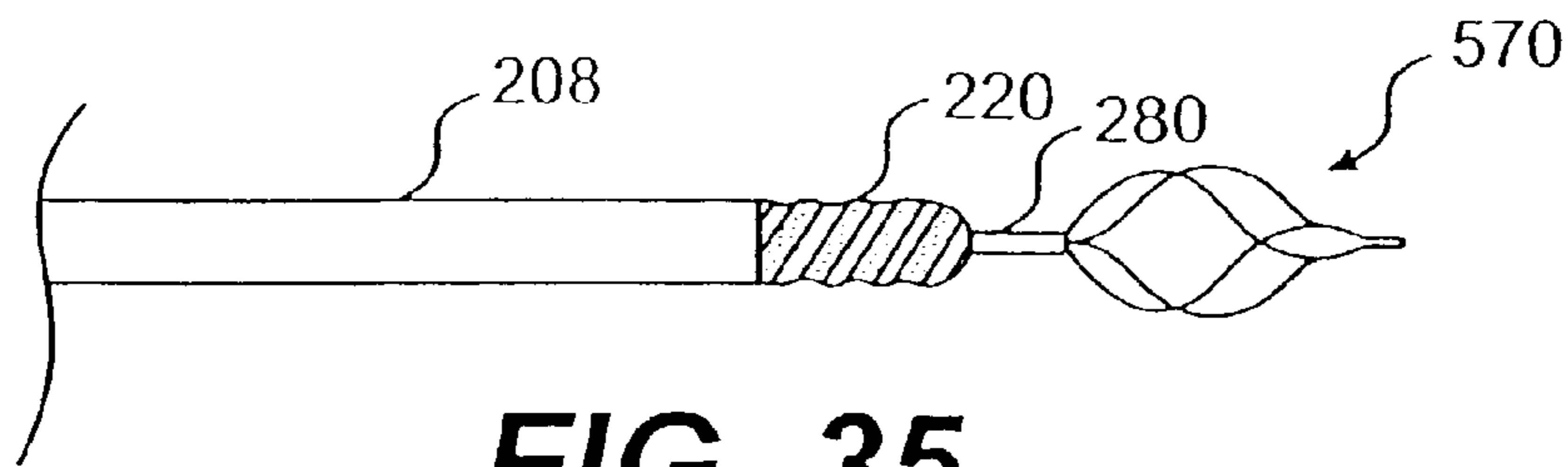


FIG. 35

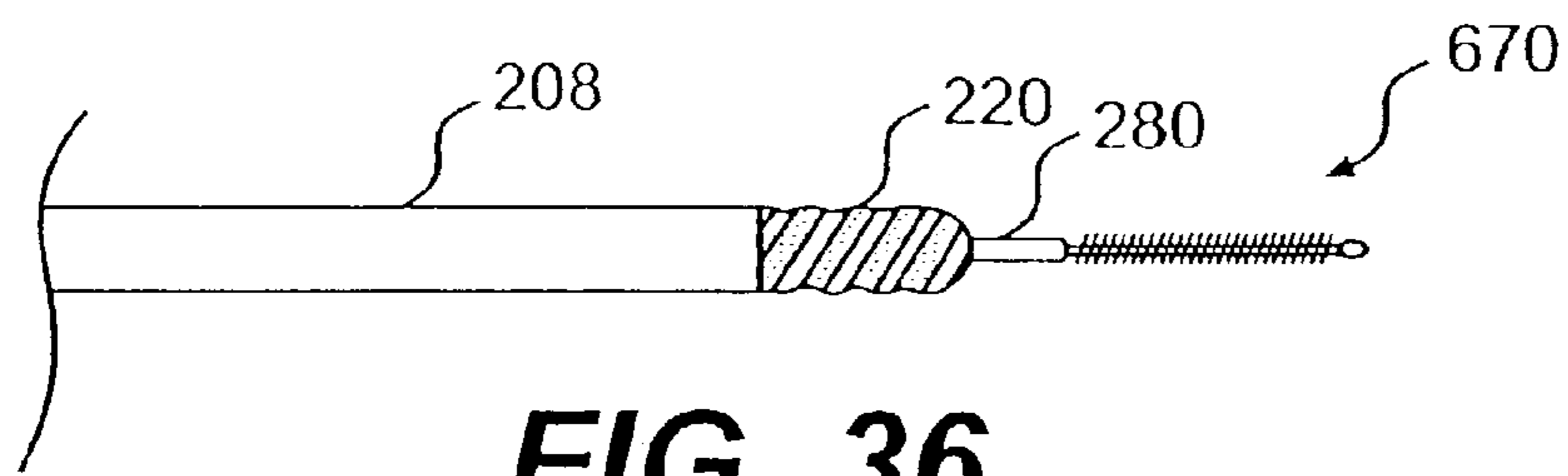


FIG. 36

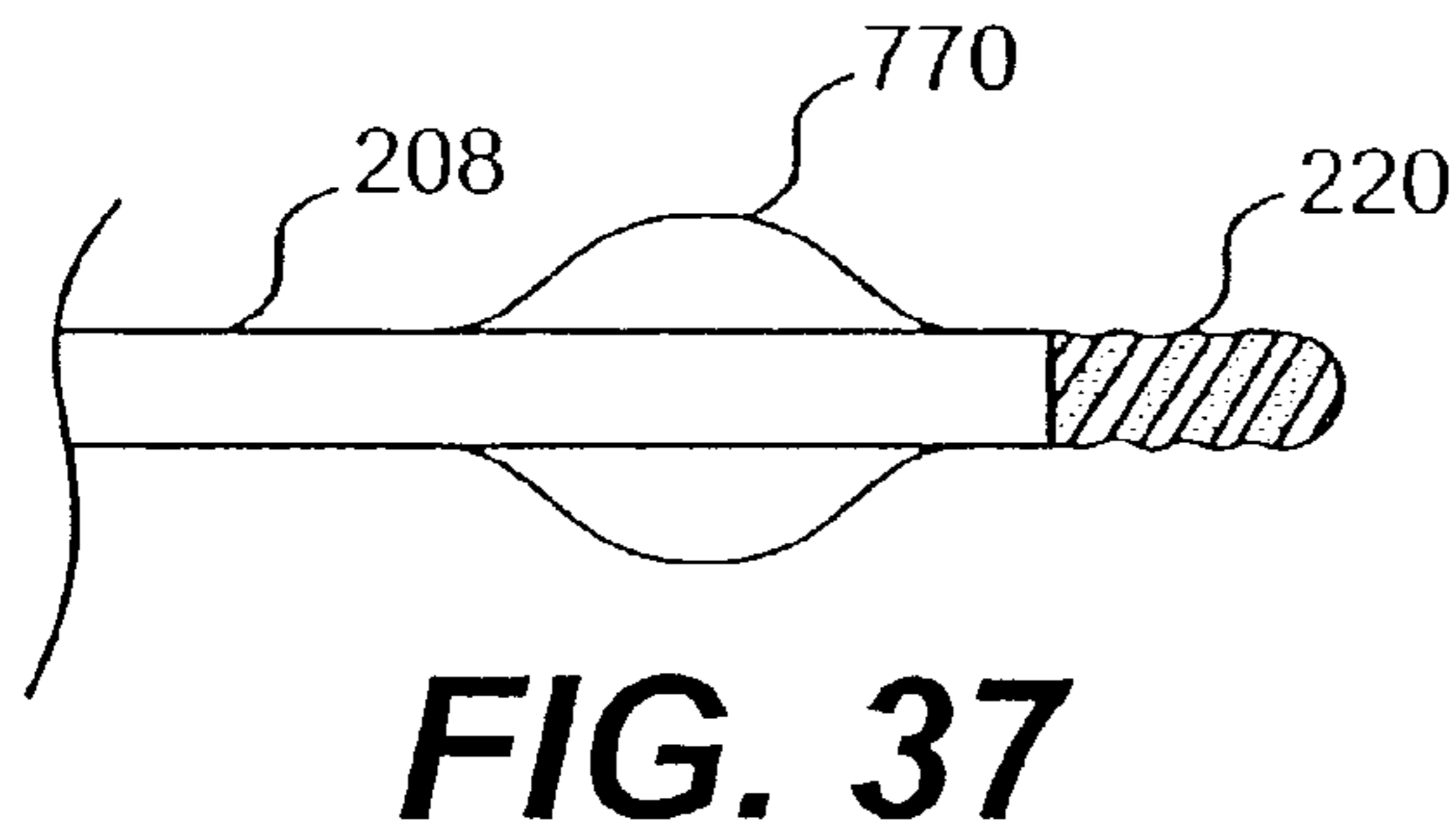


FIG. 37

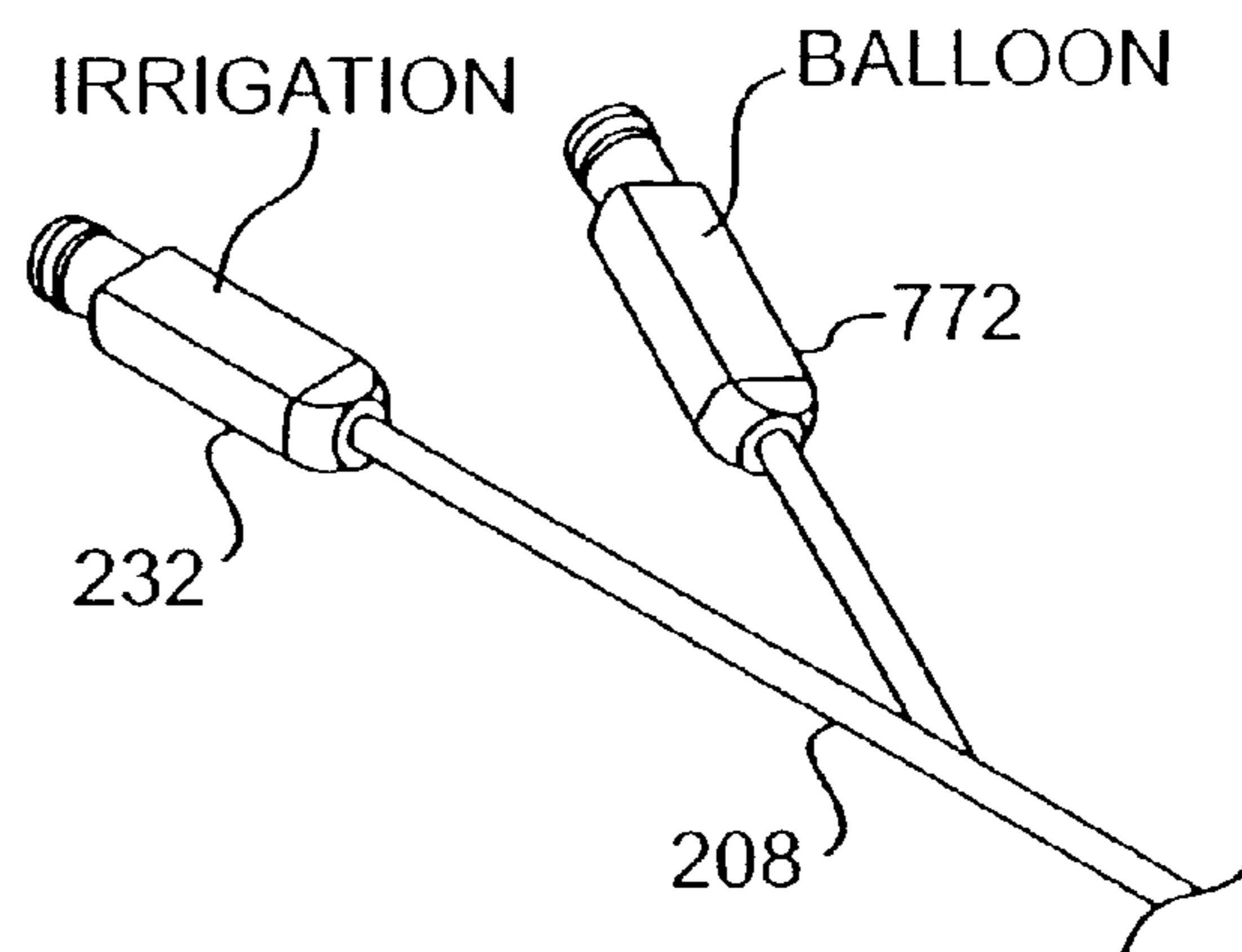


FIG. 38

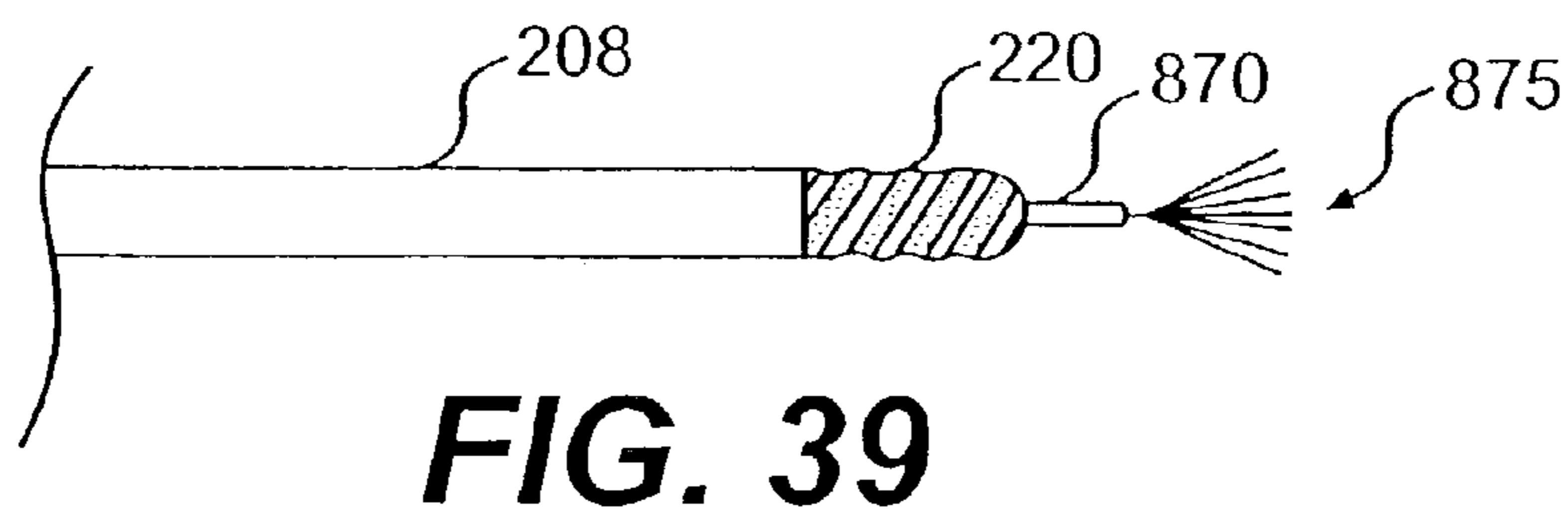


FIG. 39

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MULTI-FUNCTION SURGICAL
INSTRUMENT

This application is a Continuation of application Ser. No. 09/784,118, filed Feb. 22, 2001, now U.S. Pat. No. 6,610, 056, which is a Divisional of application Ser. No. 09/178, 570, filed Oct. 26, 1998, now U.S. Pat. No. 6,221,039.

BACKGROUND OF THE INVENTION

The present invention relates to a multi-function surgical instrument. More specifically, the invention is a surgical instrument that combines a hemostat assembly with other surgical tools to provide the capability to a surgeon to accomplish multiple surgical procedures with a single instrument.

Currently, a surgical instrument is known that combines a hemostatic capability with an irrigation capability and an injection capability. The instrument provides multifunctionality in a single surgical instrument, which results in efficiencies for the surgeon who is performing a surgical procedure. With the known multi-function surgical instrument, the surgeon is not required to insert and remove multiple surgical instruments from the patient in order to perform the procedure. However, there are procedures that the surgeon may be required to perform that require capabilities in addition to, or different from, those capabilities provided by the multi-function instrument described above. For example, the surgeon may be required to capture a polyp by utilizing a snare device. In this circumstance where the physician is required to perform a procedure that requires a capability that is not included in the multifunction surgical instrument described above, the physician would have to utilize a separate tool in order to obtain this capability. This reduces the efficiency of the surgeon when performing the entire procedure.

Therefore, it would be desirable to provide a multi-function surgical instrument that could provide other capabilities to the surgeon, in combination with a hemostatic capability, in a single surgical instrument.

SUMMARY OF THE INVENTION

In accordance with an embodiment of the present invention, a multi-function surgical instrument is provided. The surgical instrument includes a catheter, a bipolar hemostat assembly, an attachment member, and a surgical tool. The bipolar hemostat assembly includes an electrical connector at a proximal end, a bipolar electrode assembly at a distal end, and first and second electrical leads extending from the proximal end to the distal end and disposed within the catheter. The bipolar electrode assembly includes an aperture that extends axially therethrough. The attachment member is disposed within the catheter and has a proximal end and a distal end where the distal end is movable within the aperture of the bipolar electrode assembly between a first position wherein the distal end is extended from the bipolar electrode assembly and a second position wherein the distal end is retracted within the bipolar electrode assembly. The surgical tool is attached to the distal end of the attachment member.

BRIEF DESCRIPTION OF THE DRAWING

FIG. 1 illustrates a first embodiment for a multi-function surgical instrument in accordance with the present invention.

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FIG. 2 is a view of the distal end of the surgical instrument of FIG. 1.

FIG. 3 illustrates an embodiment for the configuration of the attachment between the snare and injection needle.

FIG. 4 illustrates the surgical instrument of FIG. 1 in a second position where the snare has been retracted within the bipolar electrode assembly.

FIG. 5 is a view of a distal end of a surgical instrument in the second position where the snare has been retracted within the bipolar electrode assembly.

FIG. 6 illustrates a second embodiment for the geometric configuration for a snare loop of the present invention.

FIG. 7 illustrates a third embodiment for the geometric configuration for a snare loop of the present invention.

FIG. 8 illustrates a fourth embodiment for the geometric configuration for a snare loop of the present invention.

FIG. 9 illustrates a fifth embodiment for the geometric configuration for a snare loop of the present invention.

FIG. 10 illustrates a sixth embodiment for the geometric configuration for a snare loop of the present invention.

FIG. 11 illustrates an alternative embodiment for the multi-function surgical instrument of the present invention where the needle hub is restrained against rotation.

FIG. 12 illustrates an alternative embodiment for the multi-function surgical instrument of the present invention where the needle hub is rotatable.

FIG. 13 illustrates an alternative embodiment for the multi-function surgical instrument of the present invention where the snare is attached to an attachment member.

FIG. 14 is a view of the distal end of the instrument of FIG. 13.

FIG. 15 illustrates a first embodiment for the attachment of the snare to the attachment member for the embodiment of the instrument of FIG. 13.

FIG. 16 illustrates a second embodiment for the attachment of the snare to the attachment member for the embodiment of the instrument of FIG. 13.

FIG. 17 illustrates an alternative embodiment for the multi-function surgical instrument of the present invention where a grasper/forceps device is attached to a support member.

FIG. 18 is a view of the distal end of the instrument of FIG. 17.

FIG. 19 illustrates an embodiment of a configuration for a grasper/forceps device of the present invention.

FIG. 20 illustrates a second embodiment for the configuration for the grasper/forceps device of the present invention.

FIG. 21 illustrates a third embodiment for the configuration for the grasper/forceps device of the present invention.

FIG. 22 illustrates a fourth embodiment for the configuration for the grasper/forceps device of the present invention.

FIG. 23 illustrates a fifth embodiment for the configuration for the grasper/forceps device of the present invention.

FIG. 24 illustrates a sixth embodiment for the configuration for a grasper/forceps device of the present invention.

FIG. 25 illustrates an alternative embodiment for the multi-function surgical instrument of the present invention where a scraper/forceps device is attached to a support member.

FIG. 26 is a view of the distal end of the instrument of FIG. 25.

FIG. 27 illustrates an embodiment of a configuration for a scraper/forceps device of the present invention.

FIG. 28 is a front view of the scraper/forceps device of FIG. 27.

FIG. 29 illustrates a second embodiment for the configuration for the scraper/forceps device of the present invention.

FIG. 30 is a front view of the scraper/forceps device of FIG. 29.

FIG. 31 illustrates a third embodiment for the configuration for the scraper/forceps device of the present invention.

FIG. 32 is a front view of the scraper/forceps device of FIG. 31.

FIG. 33 illustrates a fourth embodiment for the configuration for the scraper/forceps device of the present invention.

FIG. 34 is a front view of the scraper/forceps device of FIG. 33.

FIG. 35 illustrates an alternative embodiment for the multi-function surgical instrument of the present invention where a retrieval basket is attached to a support member.

FIG. 36 illustrates an alternative embodiment for the multi-function surgical instrument of the present invention where a cytology brush is attached to a support member.

FIG. 37 illustrates an alternative embodiment for the multi-function surgical instrument of the present invention where a balloon has been added to the outside diameter of the catheter.

FIG. 38 illustrates a balloon hub that could be attached to the catheter for use with the surgical instrument of FIG. 37.

FIG. 39 illustrates an alternative embodiment for the multi-function surgical instrument of the present invention where the shaft comprises a cryotherapy tube.

DETAILED DESCRIPTION

FIG. 1 illustrates a first embodiment for the multi-function surgical instrument 100 in accordance with the present invention. As can be seen in FIG. 1, surgical instrument 100 includes a bipolar hemostat assembly 110, an irrigation assembly 130, and a needle assembly 150.

Bipolar hemostat assembly 110 includes an RF generator connector 112, electrical leads 114, and a bipolar electrode assembly 120. RF generator connector 112 is located at a proximal end 102 of the multi-function surgical instrument 100 and is utilized to provide connection to an RF generator (not shown) in accordance with well-known principles. Electrical leads 114 extend from RF generator connector 112 through the surgical instrument 100 and terminate at the bipolar electrode assembly 120, which is located at the distal end 104 of the surgical instrument 100. As such, an electrical current can be provided from RF generator connector 112 to the bipolar electrode assembly 120 through electrical leads 114. Electrical leads 114 extend from RF generator connector 112 through extension tube 108A. The electrical leads 114 pass through the catheter hub, or bifurcation, 108B and enter the catheter main shaft 108 of the surgical instrument 100. The electrical leads 114 pass through the catheter main shaft 108 which extends through body 101 of surgical instrument 100 and terminate at bipolar electrode assembly 120. As can be seen in FIGS. 1 and 2, and as will be described further later in this specification, electrical leads 114 consist of a first lead 114A and second lead 114B. As such, in accordance with well-known principles, the bipolar electrode assembly 120, when energized by an electrical current through leads 114, provides hemostatic therapy to a patient

Irrigation assembly 130 includes an irrigation hub 132. Irrigation hub 132 is attached to catheter main shaft 108, which passes through catheter hub 108B. Irrigation hub 132 is provided to attach to an irrigation pump (not shown in FIG. 1). The irrigation pump would provide fluid to irrigation hub 132 where the fluid would pass through the catheter

main shaft 108 through the length of surgical instrument 100. The fluid passes through a central lumen 121 (not visible in FIG. 1) that is included in bipolar electrode assembly 120 to be delivered to a site within the body of a patient. Thus, through irrigation assembly 130, fluid to irrigate a site within a patient's body can be provided by surgical instrument 100.

The electrical leads 114 of the bipolar hemostat assembly 110 and the irrigation fluid provided by the irrigation assembly 130 both pass through the catheter main shaft 108. As such, the electrical leads 114 are insulated conductors such that they are electrically isolated from the irrigation fluid that is carried through catheter main shaft 108.

Catheter hub, or bifurcation, 108B contains an internal seal that is provided to prevent irrigation fluid from the irrigation assembly 130 from traveling proximally along surgical instrument 100 through extension tube 108A. Thus, irrigation fluid is able to pass through catheter main shaft 108, however, the irrigation fluid is not able to "back flow" through extension tube 108A and contact RF connector 112.

The multi-function surgical instrument 100 also contains needle assembly 150. Needle assembly 150 includes an injection needle 152 and is utilized to inject a fluid into a site within the patient's body. As can be seen in FIG. 1, needle assembly 150 includes injection needle 152, needle hub 151, and needle operator 156. Injection needle 152 extends at its proximal end from needle hub 151 through body 101 of surgical instrument 100. Needle 152 extends through catheter main shaft 108 and is received within the central lumen 121 of the bipolar electrode assembly 120. Needle operator 156 is utilized to provide injection fluid to needle assembly 150 for delivery to the patient through needle 152. Needle hub 151, which carries needle 152 at its distal end, is slidably mounted within body 101 of surgical instrument 100 such that needle 152 may be moved distally through bipolar electrode assembly 120 such that the injection needle tip 154 extends externally from the bipolar electrode assembly 120. Needle hub 151 is also able to be moved in a proximal direction with respect to body 101 such that injection needle tip 154 is able to be retracted within lumen 121 of bipolar electrode assembly 120. The user of surgical instrument 100 is able to grip needle hub 151 at the needle operator 156 in order to move needle assembly 150 both distally and proximally along body 101.

Body 101 contains a seal that surrounds catheter main shaft 108, which passes therethrough. Needle 152, as it passes through body 101, penetrates the seal that surrounds the main shaft 108 and the wall of the main shaft 108 to extend through main shaft 108 to the distal end 104 of surgical instrument 100. The seal is provided in body 101 and around main shaft 108 to prevent the irrigation fluid that is also carried in main shaft 108 from exiting the shaft and body 101 at the location where needle 152 penetrates the main shaft 108. Body 101 also includes strain relief members 109. Strain relief members 109 are disposed on body 101 and are used to attach catheter 108 to body 101 at the proximal and distal ends of body 101.

FIG. 2 provides a more detailed view of the distal end 104 of the surgical instrument 100 so that the configuration of the injection needle 152, electrical leads 114A, 114B, and bipolar electrode assembly 120 can be more clearly seen. In order to provide this more detailed view of the distal end 104 of the surgical instrument 100, a portion of main shaft 108 has been cut away such that the components referred to above may be more clearly visualized.

As can be seen in FIG. 2, bipolar electrode assembly 120 consist of a cylindrical body portion 126, a hemispherical

distal end tip 127 and a shank portion 128. Discrete spiral electrodes 129A and 129B are disposed on the outer surface of the cylindrical body portion 126 and the hemispherical distal end tip 127. Each of the spiral electrodes 129A and 129B connect to one of the electrical leads 114A and 114B.

As can be visualized in FIG. 2, bipolar electrode assembly 120 contains a lumen 121 that extends centrally and axially therethrough and which receives injection needle 152 within it. As can be seen in FIG. 2, injection needle tip 154 has been extended from bipolar electrode assembly 120. Bipolar electrode assembly 120 is a gold plated ceramic tip and each electrical lead 114A and 114B is connected to a different one of the spiral electrodes 129A, 129B with a conductive epoxy.

As can be further seen in FIG. 2, injection needle 152 extends through catheter 108 and may be comprised of two portions. In the embodiment of FIG. 2, injection needle 152 consists of a 22 gauge hypotube 152A into which is welded a 25 gauge needle 152B at the distal end 152AA of the hypotube 152A. The 25 gauge needle 152B is received within a guide tube 190 which extends proximally from shank portion 128 of the bipolar electrode assembly 120. Guide tube 190 defines a lumen which is axially aligned with lumen 121 that is included in bipolar electrode assembly 120. Guide tube 190 serves to guide injection needle 152 into the bipolar electrode assembly 120 and also acts as a positive stop which allows for the needle to only extend a predetermined length beyond the hemispherical distal end tip 127 of bipolar electrode assembly 120. This stop feature is accomplished by utilizing the structures of the distal end 152AA of hypotube 152A and the proximal end 190A of guide tube 190. As can be understood, as injection needle 152 is moved distally within catheter 108 and is received within guide tube 190, eventually the distal end 152AA of hypotube 152A will abut the proximal end 190A of guide tube 190 such that the injection needle 152 can not be inserted any further within guide tube 190. This interaction of the hypotube 152A and the guide tube 190 serves as a positive stop for limiting the distance that injection needle 152 can be extended from the surgical instrument 100.

As can be also seen in FIG. 2, guide tube 190 also includes a plurality of holes 192 that extend completely through the wall structure of guide tube 190. The purpose of the holes 192 in guide tube 190 is to permit the irrigation fluid that is carried through catheter 108 to flow through the guide tube from outside of the guide tube such that it is able to enter and pass through lumen 121 in bipolar electrode assembly 120 for delivery to the body of the patient. The guide tube 190 can be attached to the bipolar electrode assembly 120 through any of a variety of methods, one of which is by utilizing an epoxy to secure the tube to the electrode assembly.

A multi-function surgical instrument that includes a hemostat capability, an irrigation capability, and an injection needle capability is disclosed in U.S. Pat. Nos. 5,336,222 and 5,522,815 and the two above-referenced patents are incorporated herein in their entirety.

In returning to FIGS. 1 and 2, it can also be seen that multi-function surgical instrument 100 includes a snare device 170. As will be described in more detail later in this specification, snare 170 is directly attached to injection needle 152 and can be extended from, and retracted into, bipolar electrode assembly 120 by moving needle 152 distally and proximally, respectively, within bipolar electrode assembly 120. Snare 170 includes a snare loop 172 that can be deployed in an operative configuration when the injection needle 152 has been extended from bipolar electrode assembly 120. The snare loop 172 can be retracted into

the bipolar electrode assembly 120 by retracting needle 152 within the bipolar electrode assembly 120. Thus, the operation of snare 170 is controlled by the operator through movement of needle assembly 150. Since the snare 170 is directly attached to injection needle 152, as the injection needle is extended from the bipolar electrode assembly 120 the snare loop 172 will be deployed from the bipolar electrode assembly 120 and as the needle 152 is retracted into the bipolar electrode assembly 120 the snare loop 172 will also be retracted within the bipolar electrode assembly 120.

Snare 170 is utilized to perform a procedure on a patient in accordance with well-known principles. For example, a polyp that is to be removed from a patient can be captured within snare loop 172. As such, snare 170 can be either an electrically energized snare or a non-electrical snare. With either embodiment, snare 170 can be utilized to capture tissue within the body of a patient.

FIGS. 1 and 2 illustrate snare 170 as a monopolar snare wire. As such, a snare electrical connector 174 is provided at the proximal end 102 of surgical instrument 100 on needle operator 156. An electrical lead (not visible) extends from snare electrical connector 174 to snare loop 172 to carry an electrical current from an RF generator (not shown) through electrical connector 174 to snare loop 172. The electrical lead passes from electrical connector 174 to snare loop 172 through catheter main shaft 108 and thus is insulated such that it is electrically isolated from the irrigation fluid that also passes through catheter main shaft 108.

FIGS. 1 and 2 illustrate snare 170 in a first position where snare loop 172 has been deployed from the bipolar electrode assembly 120. As such, needle hub 151 has been moved distally along body portion 101 of the surgical instrument 100. Since the snare is directly attached to the injection needle 152, this distal movement of needle hub 151 will deploy snare loop 172 from the bipolar electrode assembly 120.

FIG. 3 illustrates a configuration for the attachment between snare 170 and injection needle 152. As can be seen, snare 170 is comprised of a snare loop 172 and a snare attachment portion 174. In the configuration of FIG. 3, snare loop 172 is an elliptical-shaped loop, however, as will be explained further later in this specification, snare loop 172 can be formed in any of a variety of different geometric shapes. Attachment portion 174 is utilized to attach snare 170 to injection needle 152. The attachment of snare 170 to injection needle 152 extends from attachment point 176 at a distal end of injection needle 152 in a proximal direction along injection needle 152. Attachment point 176 is located a sufficient distance in a proximal direction from needle tip 154 such that the snare loop 172 does not impede the use of needle tip 154 for injecting fluid into the body of a patient. The distance between the distal end of the needle tip 154 and attachment point 176 is not rigidly defined, however, as described above, the distance is sufficient to permit operation of both the snare 170 and the injection needle 152. Additionally, the attachment portion 174 of snare 170 can extend any distance along injection needle 152. A design consideration in determining the length of attachment portion 174 is to provide sufficient strength for the attachment between snare 170 and injection needle 152 such that snare 170 can be utilized for its intended purposes without detaching from injection needle 152.

As discussed previously, snare 170 can either be an electrically energized snare or a non-energized snare and, as such, snare 170 can be manufactured from a variety of materials. For example, snare 170 can be manufactured from

Nitinol, stainless steel or other metals, composites, or rigid polymers. The snare loop may be either a single strand wire or a multi-stranded, braided, or twisted wire. Likewise, injection needle **152** may be manufactured from a variety of materials including metals or plastics. As such, the method of attachment between snare **170** and injection needle **152** is in-part dependent upon the materials that are utilized to form snare **170** and injection needle **152**. However, the present invention is not limited to any particular method of attaching snare **170** to injection needle **152**. As discussed above, depending upon the materials that are utilized to manufacture each of the snare **170** and injection needle **152**, the snare **170** could be attached to needle **152** through soldering, welding, swaging, crimping, or by utilizing an adhesive.

FIGS. **4** and **5** illustrate surgical instrument **100** in a second position where snare **170** has been retracted within bipolar electrode assembly **120**. As can be seen, needle hub **151** has now been moved proximally along body **101** of surgical instrument **100**. This proximal movement of needle hub **151** will also move needle **152** proximally within catheter main shaft **108** which will retract injection needle tip **154** within bipolar electrode assembly **120**. Again, since snare **170** is attached to injection needle **152**, retraction of injection needle **152** within bipolar electrode assembly **120** will also retract snare loop **172** of snare **170** within the bipolar electrode assembly such that the snare loop **172** is not now in an operative position at the distal end **104** of surgical instrument **100**.

As can be seen in greater detail in FIG. **5**, the retraction of injection needle **152** has caused snare loop **172** to collapse and be received within lumen **121** of bipolar electrode assembly **120**. It is understood that injection needle **152** must be retracted within bipolar electrode assembly **120** a sufficient distance if snare loop **172** is to be entirely received within lumen **121** of the bipolar electrode assembly **120**.

As was mentioned previously, snare loop **172** of snare **170** can be formed in any of a variety of geometric configurations. FIGS. **6–10** illustrate several of the alternative embodiments for the geometric configuration for the snare loop of the present invention. As can be seen in FIG. **6**, snare loop **172A** is configured in a four-sided diamond-shaped configuration. Attachment portion **174A** extends from the snare loop **172A** for attachment to an injection needle as described previously. FIG. **7** illustrates a circular snare loop **172B** attached to a snare attachment portion **174B**. FIGS. **8**, **9**, and **10** illustrate triangular snare loop **172C**, an octagonally-configured snare loop **172D**, and a six-sided snare loop **172E**, respectively. Snare loops **172C**, **172D**, and **172E** are formed with snare attachment portions **174C**, **174D**, and **174E**, respectively. As was mentioned previously for elliptical snare loop **172** for snare **170**, the snare loops and snare attachment portions illustrated in FIGS. **6–10** may be formed from any of a variety of materials previously described and contemplated by those skilled in the art and may be attached to an injection needle by any of the methods previously described or by any method contemplated by one skilled in the art.

FIG. **11** illustrates an embodiment for the multi-function surgical instrument **100** where the needle hub **151** can be prevented from rotation about its longitudinal axis within body **101** of the surgical instrument **100**. Surgical instrument **100**, as illustrated in FIGS. **11** and **12**, does not show the bipolar hemostat assembly **110**, irrigation assembly **130**, and snare **170** as discussed previously, however, those assemblies could be incorporated into the embodiment of the

instruments of FIGS. **11** and **12** and their illustration is not required for purposes of describing the features to be discussed in FIGS. **11** and **12**.

As mentioned above, the embodiment of surgical tool **100** in FIG. **11** is capable of preventing rotation of needle hub **151**. As such, needle hub **151** includes anti-rotation structure **151 A** at a distal end **153** of needle hub **151**. The anti-rotation structure **151 A** is a flat, planar member that is formed in either a square or rectangular shape. This structure is received within needle hub receiving structure **101A** which is included on body **101** of the surgical instrument **100**. As the needle hub **151** is moved distally along body **101** in order to extend the injection needle from the distal end of the surgical instrument, the anti-rotation structure **151 A** is received within the needle hub receiving structure **101 A**. As can be understood, when the anti-rotation structure **151 A** is received within the needle hub receiving structure **101A**, due to the complimentary structural configuration of the two structures, the needle hub **151** is not able to be rotated when it is in this position on body **101**.

FIG. **12** illustrates an embodiment for surgical instrument **100** where the needle hub **151** is able to be rotated about its longitudinal axis within body **101**. In order to provide for rotation of needle hub **151** within body **101**, a structure **151B** with rounded edges is provided at the distal end **153** of needle hub **151**. When the rounded structure **151 B** is received within needle hub receiving structure **101 A**, because it has rounded corners, the needle hub **151** may be rotated even when it is in its distal-most position on body **101**. It may be desirable to provide for rotation of needle hub **151** so that the physician utilizing the surgical instrument **100** may position injection needle **152** and snare **170**, which would be attached to needle **152** as described previously, into any position that may be helpful to the surgeon in performing a procedure with the surgical instrument.

It has been described previously that an injection needle could be provided within surgical instrument **100** such that an injection capability was provided to surgical instrument **100**. As was also described previously, a snare could be attached to the distal end of the injection needle to provide a snare capability to the surgical instrument. However, it is not required that a needle be utilized with a surgical instrument in order to provide a snare capability to the surgical instrument. FIGS. **13** and **14** illustrate an embodiment for a multi-function surgical instrument **200** that has a hemostat capability, an irrigation capability and a snare capability, without requiring an injection capability.

As can be seen in FIG. **13**, multi-function surgical instrument **200** includes a bipolar hemostat assembly **210** and an irrigation assembly **230**, which operate in accordance with the principles described previously for the embodiment of surgical instrument **100**. FIG. **13** also illustrates a snare **270** that is included in surgical instrument **200**. However, in the embodiment of FIGS. **13** and **14** for surgical instrument **200**, snare **270** is not attached to an injection needle, but rather, is attached to the distal end of an attachment member (not visible in FIGS. **13** and **14**) that extends through body **201** of surgical instrument **200** and through catheter **208**. The attachment member extends through a central lumen that is included in the bipolar electrode assembly **220**, as was described previously for the bipolar electrode assembly **120** in the embodiment of FIG. **1**.

As can be seen in FIGS. **15** and **16**, snare **270** is attached to attachment member, or support member or shaft, **280** at the distal end of shaft **280**. As such, snare loop **272** of snare **270** can be extended from, and retracted into, bipolar electrode assembly **220** by a user gripping operator **278** and

moving the attachment member **280** within catheter **208** of surgical tool **200**. Thus, adding the functionality of a snare device to a multi-function surgical instrument is not dependent upon including an injection capability in the surgical instrument. The surgical instrument **200** can be provided with a rod or attachment member that extends through the catheter **208** which includes the snare **270** attached at its distal end. By retracting the distal end of the attachment member **280** within the bipolar electrode assembly **220**, the snare loop **272** of snare **270** would also be retracted into bipolar electrode assembly **220**. By extending attachment member **280** distally from bipolar electrode assembly **220**, the snare loop **272** of snare **270** is deployed from the distal end of surgical instrument **200**.

FIGS. **15** and **16** illustrate the attachment of snare **270** to attachment member, or shaft, **280**. In the embodiment of FIGS. **15** and **16**, shaft **280** is illustrated as a hypotube. In FIG. **15**, shaft attachment portion **274** of snare **270** has been inserted into shaft **280** and in FIG. **16** shaft attachment portion **274** has been attached to the outer circumference of shaft **280**. Snare **270** can be fixed to shaft **280** by utilizing any of a variety of attachment methods and snare **270** and shaft **280** can be formed from any of a variety of materials. For example, snare **270** could be joined to shaft **280** by soldering, welding, swaging, crimping, or utilizing an adhesive. Additionally, snare loop **272** of snare **270** can be configured in any of the geometric shapes as was described previously in FIGS. **6–10**.

FIGS. **17** and **18** illustrate an embodiment for multi-function surgical instrument **200**, which includes a shaft **280** within it, where a grasper/forceps device has been attached to the distal end of the shaft **280**. Therefore, in this embodiment for surgical instrument **200**, the snare loop capability has been exchanged for a grasper/forceps capability. The grasper/forceps **370** is attached to the distal end of shaft **280** and thus is able to be extended from, and retracted into, bipolar electrode assembly **220** through movement of shaft **280** within catheter **208**.

The grasper/forceps device **370**, as was previously described for snare **270**, can be attached to the distal end of shaft **280** through any of a variety of methods and the present invention is not limited to any particular method of attachment between grasper/forceps **370** and shaft **280**. All that is required is that grasper/forceps **370** be attached to shaft **280** such that as shaft **280** is withdrawn into bipolar electrode assembly **220**, the grasper/forceps **370** is also retracted within bipolar electrode assembly **220**. As the grasper/forceps **370** is retracted into the bipolar electrode assembly **220**, the engagement of the fingers **372** of the grasper/forceps **370** with the structure defining the lumen in bipolar electrode assembly **220** will collapse the fingers **372** and converge the fingers **372** together such that they are able to grasp tissue within the body of a patient.

As was discussed previously, where the snare loop could be configured in any of a variety of geometric shapes, the grasper/forceps **370** can also be formed in a variety of different configurations. FIGS. **19–24** illustrate several of the different configurations that could be utilized for grasper/forceps **370**. As can be seen in FIG. **19**, grasper/forceps **370** is comprised of three fingers **372**. Each finger **372** includes a hook **374** at the distal end of the finger. The hook is provided to provide additional grasping capability to the grasper/forceps **370**. FIGS. **20–24** provide front views of several of the various alternative configurations that could be utilized for the grasper/forceps **370**. FIGS. **20–24** illustrate configurations **370A** through **370E**, respectively, for the

grasper forceps **370**. As can be seen, the grasper/forceps **370** can include any number of fingers with any relative positioning of the fingers within the grasper/forceps **370**.

FIGS. **25** through **36** illustrate several additional embodiments for the surgical instrument of the present invention. As illustrated, other surgical tools could be included in the surgical instrument to provide additional capabilities to the multifunction surgical instrument **200**.

As is illustrated in FIGS. **25** and **26**, a scraper/forceps device **470** is attached to the distal end of shaft **280**. Again, the scraper/forceps **470** would be extended from bipolar electrode assembly **220** by distally moving shaft **280** within catheter **208** and scraper/forceps **470** would be retracted into the bipolar electrode assembly by proximally moving shaft **280** within catheter **208**. Again, the scraper/forceps **470** could be manufactured from any of a variety of materials and can be attached to shaft **280** by any of a variety of attachment methods.

Additionally, scraper/forceps **470** can be configured in any of a variety of physical configurations. FIGS. **27** and **28** illustrate a first possible configuration for a scraper/forceps device. As can be seen in FIGS. **27** and **28**, scraper/forceps **470A** is comprised of a single finger **472A** which includes a scraper portion **474A** at its distal end. FIGS. **29** and **30** illustrate a second possible configuration for the scraper/forceps and illustrates the scraper/forceps **470B** as a single, elongated, cylindrical structure. FIGS. **31** and **32** illustrate a third possible configuration for a scraper/forceps device. In the embodiment of FIGS. **31** and **32**, scraper/forceps **470C** is comprised of a first finger **472C** and a second finger **473C**. First finger **472C** includes a scraper portion **474C** at its distal end and second finger **473C** includes a scraper portion **475C** at its distal end. FIGS. **33** and **34** illustrate a fourth possible configuration for a scraper/forceps device where scraper/forceps **470D** is comprised of four fingers, namely fingers **472D**, **473D**, **474D**, and **475D**. Each finger includes a scraper portion at a distal end thereof.

FIG. **35** illustrates an embodiment for surgical instrument **200** where a retrieval basket **570** has been attached to the distal end of shaft **280**. The retrieval basket can be formed in any of a variety of configurations and would be retracted into, and extended from, bipolar electrode assembly **220** through movement of shaft **280** as previously described. Retrieval basket **570** could be utilized in accordance with well-known principles to capture a foreign body from within the body of a patient. The combination bipolar electrode assembly **220** and retrieval basket **570** would provide a single device to control bleeding from a foreign body while using the basket to remove the foreign body. Another use would be polyp or tissue retrieval after polypectomy or mucosectomy when the bipolar electrode assembly is used to treat post-procedural bleeding. The basket can also assist in adherent clot removal prior to cautery.

FIG. **36** illustrates an embodiment for surgical instrument **200** where a cytology brush **670** has been attached to the distal end of shaft **280**. The cytology brush **670** would be used in accordance with well-known principals, e.g., for sampling for H. Pylori before or after ulcer cautery.

FIG. **37** illustrates an embodiment for the multi-function surgical instrument where a balloon **770** has been added to the outside diameter of the catheter main shaft **208**. The balloon **770** is disposed on the outside diameter of the catheter **208** and in a proximal direction with respect to bipolar electrode assembly **220**. In order to provide for inflation and deflation of balloon **770**, a balloon hub **772**, as illustrated in FIG. **38**, would be provided at the proximal end

of the surgical instrument and could be provided as an extrusion off of the catheter main shaft **208**. A lumen could be provided from the balloon hub **772**, either through the main catheter shaft **208** or external to the main catheter shaft **208**, to extend to balloon **770** for inflation and deflation of balloon **770**. It should be understood that a balloon device **770** as illustrated in FIG. **37** could be utilized with any of the other previously discussed embodiments for the multi-function surgical instrument.

FIG. **39** illustrates an embodiment for surgical instrument **200** where shaft **280** is a hollow, tubular structure and comprises a cryotherapy tube. The cryotherapy tube **870** extends through the lumen included in bipolar electrode assembly **220** and can be used to provide any of a variety of different gases **875**, e.g., nitrous oxide, liquid nitrogen, or other gases for freezing and ablating tissue, within the body of the patient. The cryotherapy tube **870** can be extended from the bipolar electrode assembly **220** and retracted into the bipolar electrode assembly **220**.

The above-described embodiments illustrate that a variety of different surgical tools can be incorporated into the multi-function surgical instrument of the present invention. Whereas a variety of these different types of surgical tools have been described, it can be contemplated that the multi-function surgical instrument can include any of a variety of other surgical tools. The additional surgical tools could be attached to either an injection needle assembly or an attachment member as was described herein. Thus, the present invention is not limited to only incorporating the tools as described herein in the multi-function surgical instrument. It is evident that one skilled in the art could contemplate other surgical tools being incorporated into the multi-function surgical instrument of the present invention and the teachings of the present invention could be utilized to implement these tools in the surgical instrument.

Additionally, it is not required that the hemostat assembly be a bipolar hemostat. The present invention can be practiced with a monopolar hemostat. The monopolar hemostat would include an aperture that would extend axially there-through and which would accommodate a surgical tool within it.

As discussed above, the disclosed embodiments are illustrative of the various ways in which the present invention may be practiced. Other embodiments can be implemented by those skilled in the art without departing from the spirit and scope of the present invention.

What is claimed is:

1. A multi-function surgical instrument comprising:
 - a catheter;
 - a bipolar hemostat assembly, said bipolar hemostat assembly including an electrical connector at a proximal end, a bipolar electrode assembly at a distal end, and first and second electrical leads extending from said proximal end to said distal end and disposed within said catheter and wherein said bipolar electrode assembly includes an aperture extending axially there-through;
 - a cryotherapy tube carrying a cryotherapy fluid, said cryotherapy tube disposed within said catheter and having a proximal end and a distal end, said distal end movable within said aperture of said bipolar electrode assembly between a first position wherein said distal end is extended from said bipolar electrode assembly and a second position wherein said distal end is retracted within said bipolar electrode assembly.
2. The multi-function surgical instrument of claim 1 wherein the cryotherapy tube is adapted to withstand temperatures of the cryotherapy fluid.
3. A multi-function surgical instrument system comprising:
 - a catheter;
 - a bipolar hemostat assembly, said bipolar hemostat assembly including an electrical connector at a proximal end, a bipolar electrode assembly at a distal end, and first and second electrical leads extending from said proximal end to said distal end and disposed within said catheter and wherein said bipolar electrode assembly includes an aperture extending axially there-through;
 - a cryotherapy tube, said cryotherapy tube disposed within said catheter and having a proximal end and a distal end, said distal end movable within said aperture of said bipolar electrode assembly between a first position wherein said distal end is extended from said bipolar electrode assembly and a second position wherein said distal end is retracted within said bipolar electrode assembly; and
 - a cryotherapy fluid source in fluid communication with the cryotherapy tube.

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